¿ES POSIBLE LIMITAR EL DAÑO?



GRUPO 2

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Determinantes de salud

FACTORES INDIVIDUALES

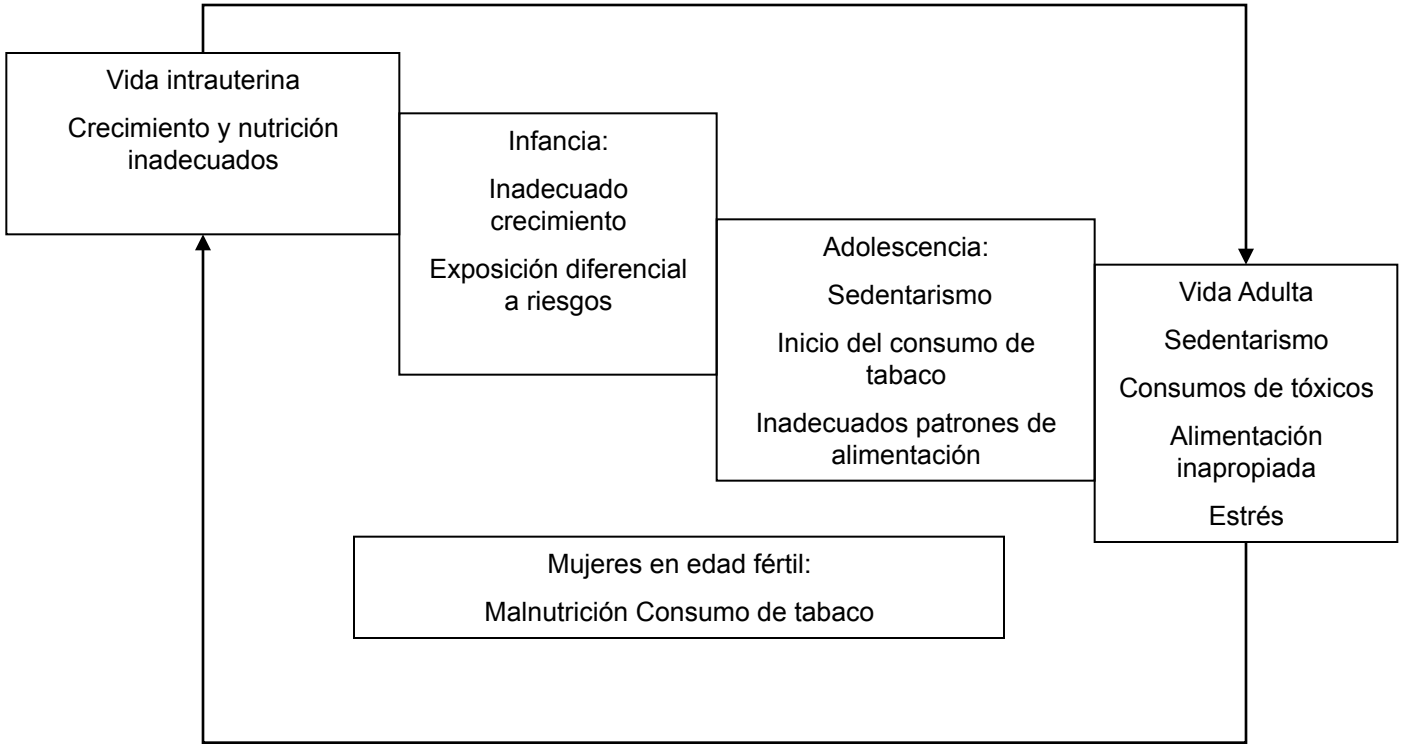
AMBIENTE



ESTILO DE VIDA

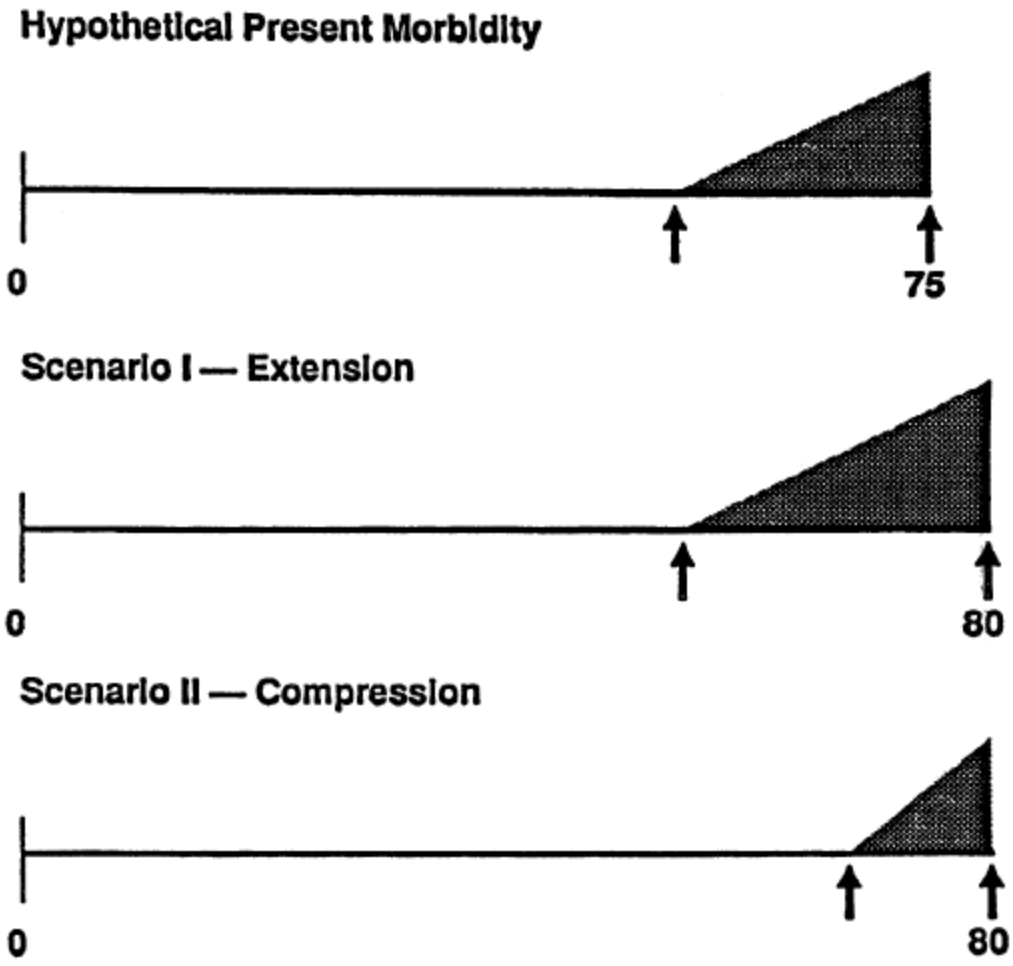
SISTEMA SANITARIO

Acumulación de riesgos por ciclo vital en las enfermedades crónicas.



Desile H Programmming of Cronic Diseas by impaired fetal nutrition Evdence and implicationa fot policy and intervention strategies WHO 2002.

Compression or Extension of Morbidity



PLANO NACIONAL

- Promoción de la Salud
- Atención Primaria en Salud
- Programas de Prevención de la Enfermedad
- Servicios de Cuidados Crónicos
- Educación Sobre el Envejecimiento

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Table 1
Cardiovascular benefits of exercise in older adults

Study	Population	Intervention	Endpoint	Reduction
Honolulu Heart [70,71]	Men 71–93 years old	Walking 1.5 miles/d	CHD	51%
		Walking > 2 miles/d	Mortality	41%
Zutphen [72]	Men 64–84 years old	Walking/ cycling 20 min tiw	CV Mortality	31%
			Mortality	29%
Cardiovascular Health [1]	Men and Women 65–101 years old	Moderate exercise	Mortality	22%
Wannamethee et al [73]	Men, mean age 63 years	At least light activity	Mortality	45%

Abbreviations: CHD, coronary heart disease; CV, cardiovascular.

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Table 2
Cardiovascular benefits of diet in older adults

Study	Population	Intervention	Benefit
TONE [74]	Men and women 60–80 years old, mild HTN	Reduced salt, with and without weight loss	Decreased BP; decreased need for medication
DASH [75,76]	Men 64–84 years old	High in fruit/vegetable; low in meat, fowl, fish, high-fat dairy	Decreased BP
Health Professional [77]	Men, 40–75 years old	Observe on high fiber, potassium, and magnesium	Reduced stroke risk (up to 38%)

Abrreviations: HTN, hypertension; BP, blood perssure.

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Table 3
Cardiovascular risks with different antihypertensive regimens in older adults

Drug Class	Benefit	Risk	Comment
Beta blockers	No benefit seen in primary antihypertensive treatment [70] ↓ mortality in CAD [71] ↓ mortality in CHF [72]		Underutilized in CHF and CAD in older patients. Higher incidence of fatigue and intolerance in older adults.
Diuretic	↓ incidence of stroke, myocardial infarction, CV mortality, and CHF ↓ risk of stroke and coronary event ↓ risk of stroke, vascular events	↑ incidence of "intolerable side effects" in diuretic arm	SHEP trial [29,73]. No difference in incidence of dementia. No difference in total mortality MRC-Older Adult trial [74]. PROGRESS trial [75] using ACE plus diuretic in stroke patients
Alpha blocker		↑ combined cardiovascular events c/w diuretic	ALLHAT alpha blocker arm discontinued (doxazosin) [76,77]
Calcium channel blockers (Dihydro-pyridine class)		↑ myocardial infarctions compared with events in the ACE-inhibitor arm in diabetics	(nisoldipine) [78]. ABCD calcium channel blocker arm discontinued
	↓ incidence of stroke, myocardial infarction, CV mortality		(nitrendipine) Syst-Eur Trial [79]. Also, reduction of dementia as a secondary endpoint [30]
ACE inhibitors	↓ CV events c/w placebo in high-risk individuals. HOPE trial [81]	↑ risk of stroke c/w conventional anti-hypertensive treatment (usually diuretic). CAPP trial [80]	Underutilized in CHF. No benefit alone in stroke patients in the PROGRESS trial [83].

Abbreviations: ABCD, appropriate blood pressure control in diabetics; CAD, coronary artery disease; CHF, congestive heart failure; CV, cardiovascular; ACE, angiotension converting enzyme.
Data from Refs. [29,30,70–81].

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Table 4
Antiplatelet therapy

Drug	Benefit	Risk	Comment
Aspirin 75–325 mg	↓25% risk recurrent vascular events. ↓ one third nonfatal MI, CVA, vascular death ↓ overall mortality ↔ nonvascular death.		Secondary prevention (Antiplatelet Trialists' Collaboration)
Aspirin 325 mg qod	↓ 44% first MI	Stroke risk doubled (mainly hemorrhagic)	Primary prevention. Similar results British physicians
Aspirin 50 mg, diptridamole 400 mg	↓ 37% risk of stroke ↓ 24% risk of stroke or death ↔ death alone	↑ adverse effects (headache, diarrhea)	Secondary prevention
Clopidogrel compared with aspirin	↓8.7% incidence of stroke, MI, or vascular death	Same as medium-dose aspirin	Secondary prevention. CAPRIE study
Clopidogrel and aspirin compared with aspirin	↓20% CV death ↓14% refractory ischemia	↑ major bleeding by 38%	Secondary prevention (acute coronary syndrome). CURE trial.

Abbreviations: MI, myocardial infraction; CVA, cardiovascular accident; CV, cardiovascular.
Data from Refs. [38–40,82–85].

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Table 1
Lifestyle intervention that may be beneficial in reducing the risk of cancer among older individuals

Intervention	Cancer prevention	Quality of evidence
Smoking cessation [120,126]	Lung cancer	II–2
	Head and neck cancer	II–2
	Pancreatic cancer	II–3
	Urothelial cancer	II–3
	Esophageal cancer	II–2
Dietary modifications [121]		
Reduction of fat in the diet	Breast, endometrial, colon, prostate	III
Alcohol in moderation (no more than two daily glass for women)	Breast, head and neck, esophageal	II,2,III
Folate addition for women who drink alcohol	Breast Multiple cancers	II–1
Five servings of fruits and vegetables daily		II, III
Sunlight exposure [87]	Melanoma and nonmelanomatous skin cancer	II–2
Avoiding sunlight between 10:00 AM. and 2:00 PM.		
Proper clothing (ie, loose but tightly woven dresses; hats with rim)		
Use of shadows		
Sunscreeners		
Exercise [124]	Multiple cancer by prevention of obesity and other unknown mwchanisms	III

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PLANO LOCAL

- Papel de Cuidador en la Atención del Anciano
- Autocuidado
- Promoción de Estilos de Vida
- Accesibilidad
- Seguridad del Medio Ambiente
- Capacitación del Recurso Humano