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Note generali	Description based upon print version of record.
Nota di bibliografia	Includes bibliographical references and index.
Nota di contenuto	Changing demographics of the aging population with heart failure and implications for therapy -- Biology of aging and implications for heart failure therapy and prevention -- Hypertension and prevention of diastolic heart failure in the aging population -- Aging and optimal therapy of systolic heart failure in the elderly -- Atrial fibrillation and heart failure in the aging population -- Optimizing therapy of heart failure in the aging population with monitoring in clinics -- Cardiac alterations in aging, hypertension and diastolic heart failure -- Polypharmacy and adverse drug reactions in the aging population with heart failure -- Aging-related changes in vascular biology and implications for heart failure therapy in the aging population -- Biomarkers and optimal management of heart failure in the aging population -- Benefits of Exercise in the elderly -- The RAAS in heart failure: an update on clinical trials and opportunities for therapy -- Aging and diastolic dysfunction – the interplay of inflammation and extracellular matrix regulation -- Reperfusion and vasodilator therapy in elderly patients with STEMI and heart failure. Improving outcomes -- Erythropoietin therapy for heart failure -- Role of resistin in heart failure in the elderly -- Role of coronary artery calcium in

cardiovascular risk stratification and management in the aging population -- Aging-and remodeling of the RAS and RAAS and related pathways. Implications for heart failure therapy -- Aging and right ventricular failure from pulmonary hypertension: Effect of right ventricular and pulmonary artery remodeling -- Biomarkers of cardiovascular aging -- Changes in the heart that accompany advancing age: Humans to molecules -- Aging-related changes in cell death and cell survival pathways and implications for heart failure therapy -- Aging-related changes in telomeres and telomerases and implications for heart failure therapy -- Aging associated alterations in myocardial inflammation and fibrosis: pathophysiological perspectives and clinical implications -- Aging-related changes in extracellular matrix: implications for ventricular remodeling following myocardial infarction -- Calcium handling defects and changes in cardiac function in the aging heart -- Integrins: Implications for aging in heart failure therapy -- Adipokines as novel biomarkers in aging and heart failure -- Aging-related changes in cellular and molecular mechanisms of post-infarction remodeling. Implications for heart failure therapy -- Aging-related changes in mitochondrial function and implication for heart failure therapy -- Regulation of SERCA via oxidative modifications: Implications for the pathophysiology of diastolic dysfunction in the aging heart -- SMP-30 and aging-related cardiac remodeling and heart failure.

Sommario/riassunto

This book synthesizes the major research advances in molecular, biochemical, and translational aspects of aging and heart failure over the last four decades and addresses future directions in management and drug discovery. It presents clinical issues and molecular mechanisms related to heart failure, including the changing demographics in the aging population with heart failure; hypertension and prevention of diastolic heart failure in the aging population; polypharmacy and adverse drug reactions in the aging population with heart failure; changes in the heart that accompany advancing age from humans to molecules; aging-associated alterations in myocardial inflammation and fibrosis; and aging-related changes in mitochondrial function and implications for heart failure therapy. The book succinctly summarizes the large volume of data on these key topics and highlights novel pathways that need to be explored. Featuring contributions from leading clinician-scientists, Aging and Heart Failure: Mechanisms and Management is an authoritative resource on the major clinical issues in heart failure therapy in the elderly for cardiologists, gerontologists, and internists.