



## The Necessity for Research on the Elderly in Iran

Our world is aging inexorably and Iran is no exception. In the year 2050, the global percentage of oldest olds (aged > 80) will reach as high as 20%,<sup>1</sup> presenting a formidable challenge to countries the world over. In Iran, people above the age of 60 will comprise 21.7% of the total population, which is even higher than the 15.6% in western Asia at the same time.<sup>1</sup>

The increase in the aging population, in tandem with the ineluctable rise in such chronic conditions as cardiovascular disease, requires due attention. Thankfully, cardiovascular disease is preventable and therein lies the significance of a better understanding of its risk factors and outcomes in each and every society through further epidemiologic research. It is, therefore, regrettable that the current medical databases lack comprehensive demographic or epidemiologic studies on the ageing and elderly people in Iran. A simple search on PubMed, using keywords “Iran” and “ageing”, displayed 267 articles, while performing a similar search for the United Kingdom and the Netherlands revealed 8790 and 4441 results, respectively (results as of 11/11/2011). This highlights the long road ahead for the Iranian health policymakers.

You recently published a comprehensive study on the clinical outcomes of coronary interventions in octogenarians.<sup>2</sup> This is in line with two previously published articles in your journal with the same theme.<sup>3,4</sup> We sincerely appreciate the authors’ having taken up this important issue. Indeed, these three articles provide a good vision of cardiac surgery in the elderly given that the consequences and outcomes of any clinical intervention, including cardiac surgery, are anything but certain.

Needless to say, most clinical studies are liable to exclude elderly subjects, not least the oldest old group, due to such factors as multi-morbidity and multiple drug treatment. This has created a gap in terms of the available evidence between the scientific literature and clinical practice on account of the fact that most patients with cardiovascular disease tend to be old and have comorbidities.

Inherent in studies with a selected group of patients is a serious risk of selection bias; consequently, the currently available studies might not represent the existing cardiovascular disease patients referring to our clinics day in day out. This dearth of data on the management of elderly people can render decision-making for clinicians a very complicated proposition. Thus, we would suggest that all Iranian researchers, particularly those dealing with

cardiovascular disorders, endeavor to address this pressing issue by including the elderly in their studies encompassing all various facets of ageing in Iran, from demographical and epidemiological to clinical and interventional aspects. This is how we can confront the reality of the future: We are growing old!

### References

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