

Des traitements multiples et coûteux : faut-il les arrêter ? NON

Dr Olivier TOULZA

Filière CardioGériatrique – Gérotopôle TOULOUSE



Journée organisée par :



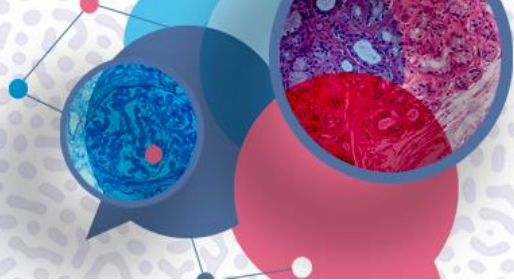
R'EPOF



e.org

www.masterclass-amylose.com



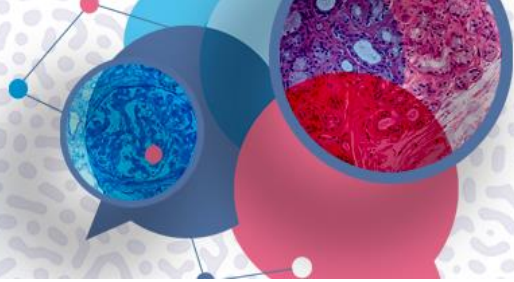


Liens d'intérêts

- Novartis : conférence
- Bayer : conférence, board
- Vifor : consultant
- Pfizer : conférence, consultant, board
- Astra Zeneca : conférence
- Boehringer : conférence



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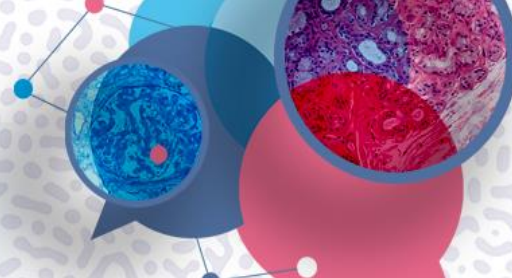
Des traitements multiples et coûteux : faut-il les arrêter ? **NON**

Mais SI, BIEN EVIDEMMENT !

Mais pas uniquement
à cause de l'ÂGE



R'EPOF



ESC

European Society
of Cardiology

European Heart Journal (2025) **46**, 1057–1070
<https://doi.org/10.1093/eurheartj/ehae923>

CLINICAL RESEARCH

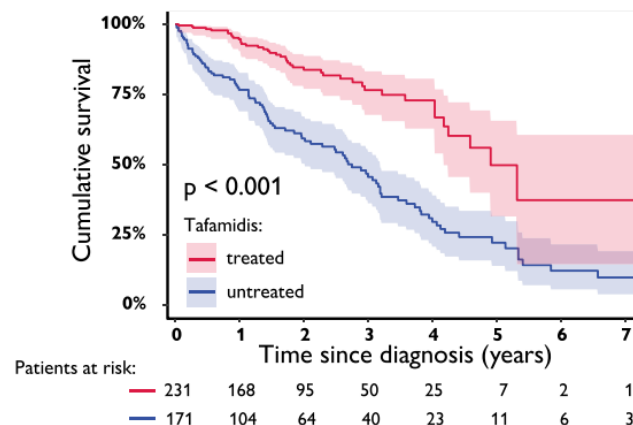
Heart failure and cardiomyopathies

Tafamidis in octogenarians with wild-type transthyretin cardiac amyloidosis: an international cohort study

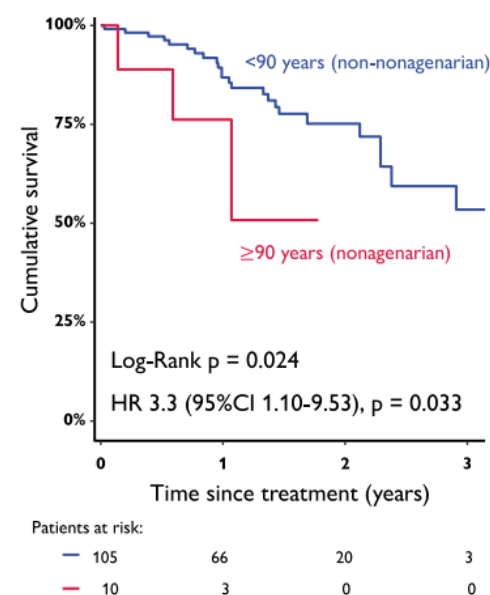
Philippe Debonnaire ^{1*}, Karl Dujardin ², Nicolas Verheyen ³,

Février 2025

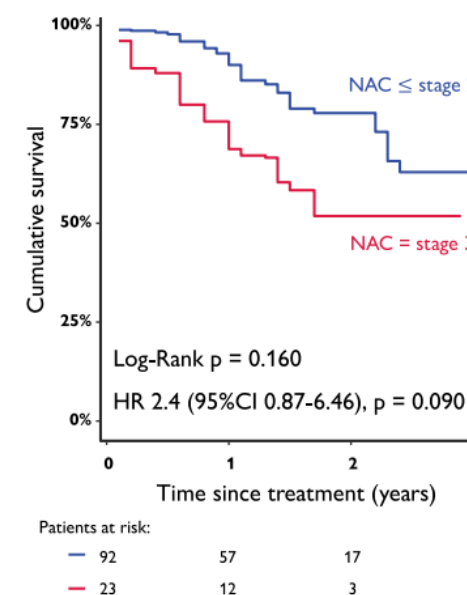
B Total study population: octogenarians



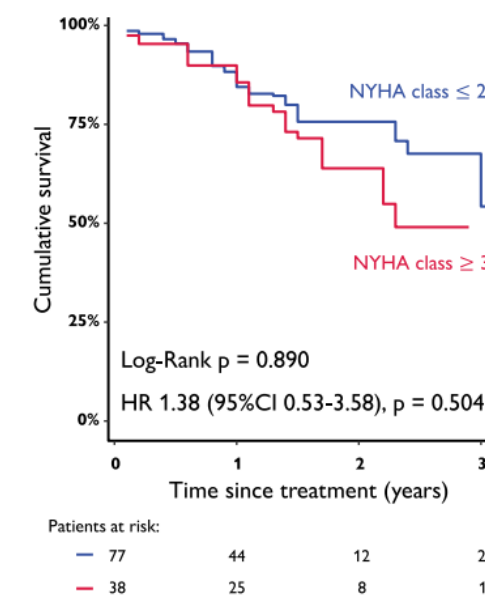
A Age at start tafamidis:

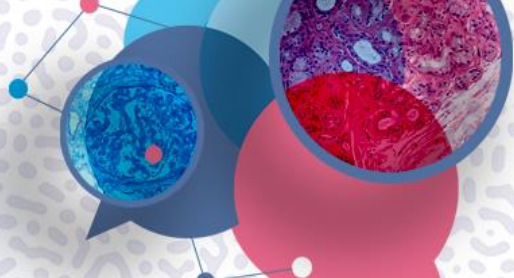


B NAC stage at start tafamidis:



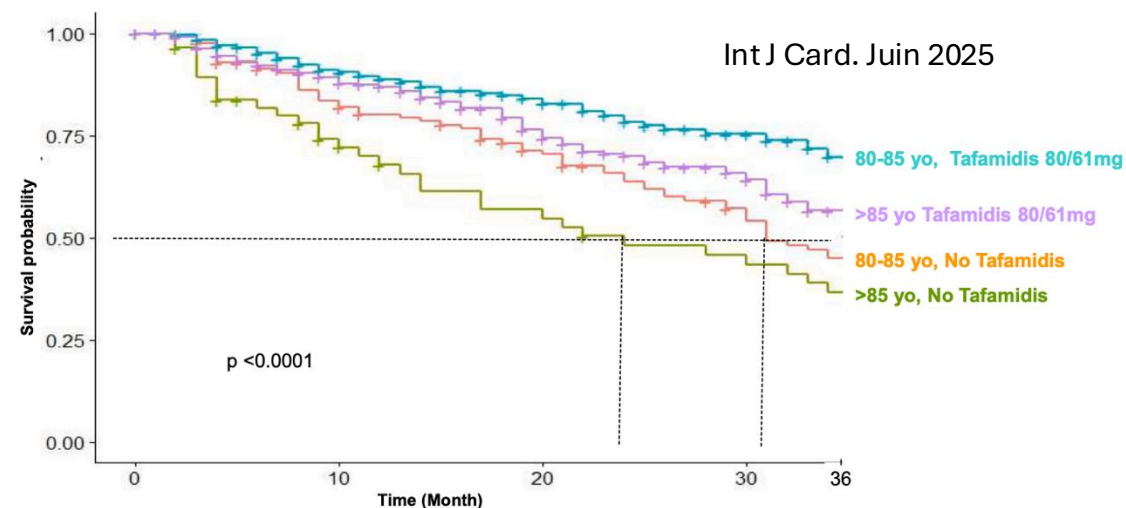
C NYHA class at start tafamidis:





Impact of Tafamidis on survival in elderly patients: Insights from the Healthcare European Amyloidosis Registry

Antoine Jobbé-Duval^{a,b,1,*}, Mounira Kharoubi^{c,d,e,1}, Erwan Donal^{f,1}, Fabrice Bauer^{g,1}, Amaury Broussier^{h,i,1}, Arnaud Bisson^{j,1}, Océane Bouchot^{k,1}, Phillipe Charron^{l,ai,aj,1}, Jérôme Costa^{m,1}, Pierre-Yves Courand^{n,ak,1}, Charlotte Dagrenat^{o,1}, François Delelis^{p,1}, Jean-Christophe Eicher^{q,1}, Antoine Fraix^{r,1}, Barnabas Gellen^{s,1}, Jean-Pierre Gueffet^{t,1}, Gilbert Habib^{u,1}, Jocelyn Inamo^{v,1}, Julien Jeanneteau^{w,1}, Damien Legallois^{x,1}, Léa Margerit^{y,1}, Basile Mouhat^{z,1}, Nicolas Piriou^{aa,1}, Tania Puscas^{ab,1}, Patricia Réant^{ac,1}, François Roubille^{ad,1}, Romain Trésorier^{ae,1}, Jean-Jacques Von Hunolstein^{af,1}, Charles Taieb^{ag,1}, Amira Zaroui^{c,d,e,1}, Olivier Lairez^{ah,1}, Thibaud Damy^{c,d,e,1}



Number at risk	0	10	20	30	36
80-85 yo, Tafamidis 80/61mg	582	355	178	39	
>85 yo Tafamidis 80/61mg	612	386	202	50	
80-85 yo, No Tafamidis	130	99	77	57	
>85 yo, No Tafamidis	56	37	26	20	

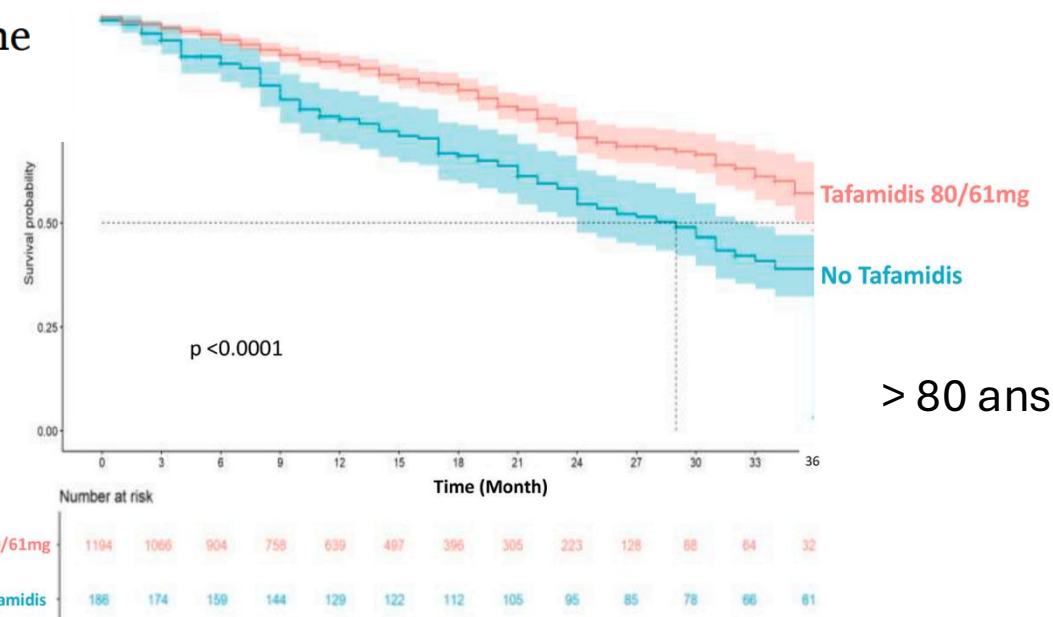


Fig. 1. Survival in patients over 80 years old treated with tafamidis 80/61mg versus no treatment: Kaplan-Meier curve.

- Nécessité d'un diagnostic précoce
- Suivi gériatrique des patients



Nonagenarian patients with ATTR cardiac amyloidosis: should they be treated with tafamidis?

Antoine Jobbé-Duval ^{1,*}, Thibaud Damy ^{2,3,4}, and Amaury Broussier ^{4,5}

¹Department of Cardiology, Médiopôle Hôpital Mutualiste, 158 rue Léon Blum, Villeurbanne F-69100, France; ²Department of Cardiology, Referral Center for Cardiac Amyloidosis, Filière Cardiogen, GRC Amyloid Research Institute, all at APHP CHU Henri Mondor, Créteil F-94010, France; ³Heart's Foundation, Vincennes F-94300, France; ⁴CepiA, Paris Est Creteil University, INSERM, IMRB, Créteil F-94010, France; and ⁵Department of Geriatric Medicine, AP-HP, Henri-Mondor University Hospital, Limeil-Brevannes F-94456, France

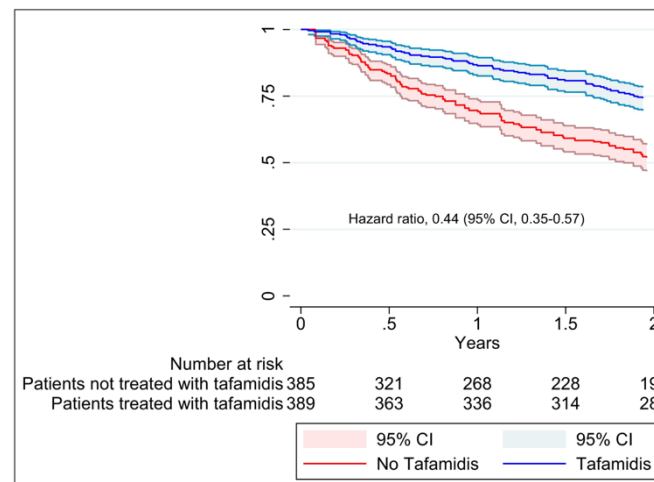
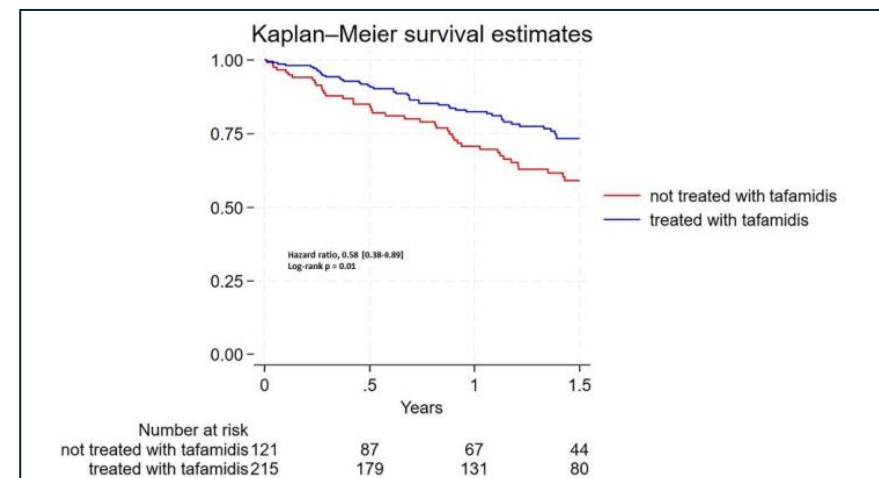
Online publish-ahead-of-print 7 August 2025

EHJ - Aout 2025

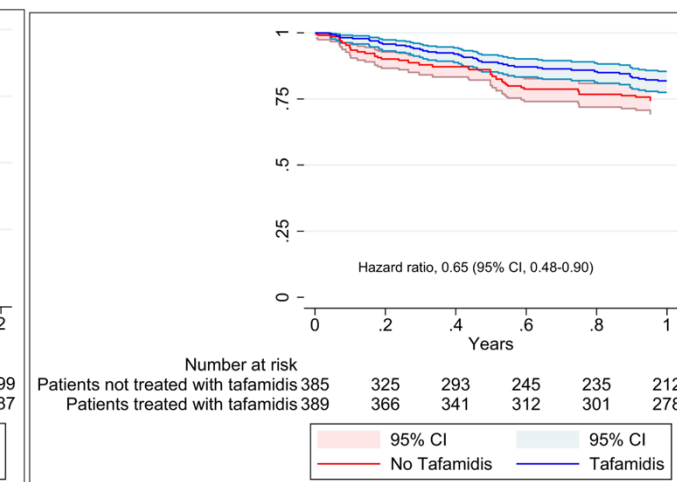
Tafamidis Reduces Death and Hospitalization for Acute Heart Failure in Octogenarian Patients With Transthyretin Cardiac Amyloidosis: A Propensity Score–Weighted Cohort Study

Louise Zmuda, MD, MsC; Amira Zaroui, MD, MsC; Mounira Kharoubi, PhD ^{ID}; Emmanuelle Boutin, MsC; Frédéric Roca, MD, PhD ^{ID}; Silvia Oghina, MD, MsC ^{ID}; Emmanuel Teiger, MD, PhD ^{ID}; Marie Laurent, MD, PhD; Florence Canoui-Poitine, MD, PhD ^{ID}; Thibaud Damy, MD, PhD ^{ID}; Amaury Broussier, MD, PhD ^{ID}*

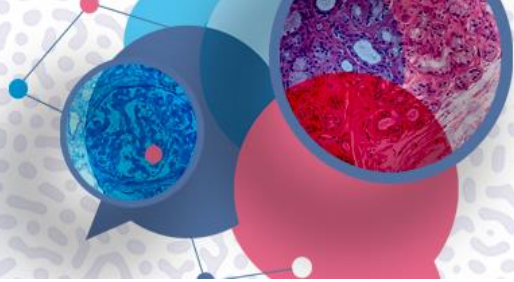
J Am Heart Assoc - Dec 2025



Survie



Ré hospitalisation



Peut-on décider de **ne pas introduire**
un traitement sur l'argument de l'âge ?
Doit-on **arrêter** un traitement sur la seule question
de l'âge du patient ?

NON

CRITERES CARDIOLOGIQUES :

- La sévérité de l'atteinte cardiaque
- La non réponse au traitement

PARAMETRES GERIATRIQUES :

- Evaluation gériatologique standardisée
 - Dépistage de la fragilité

Comprehensive Geriatric Assessment to Optimize the Management of Older Patients With Transthyretin Cardiac Amyloidosis



Carlo Fumagalli, MD,^{a,b,c,*} Mathew S. Maurer, MD, PhD,^{d,*} Marianna Fontana, MD, PhD,^c Nowell Fine, MD, PhD,^e Julian Gillmore, MD, PhD,^c Parag Goyal, MD, PhD,^f Shunichi Nakagawa, MD,^g Beatrice Musumeci, MD, PhD,^h Martha Grogan, MD, PhD,ⁱ Raffaele Marfella, MD, PhD,^b Giuseppe Limongelli, MD, PhD,^j Mario Bo, MD, PhD,^k Simone Longhi, MD, PhD,^l Sarah Cuddy, MD,^m Ahmad Masri, MD,ⁿ Iacopo Olivetto, MD,^o Federico Peretto, MD, PhD,^o Andrea Ungar, MD, PhD,^o Niccolò Marchionni, MD,^{o,†} Francesco Cappelli, MD, PhD,^{a,o,†}

JACC Adv. 2024 Jul 22;3(9)



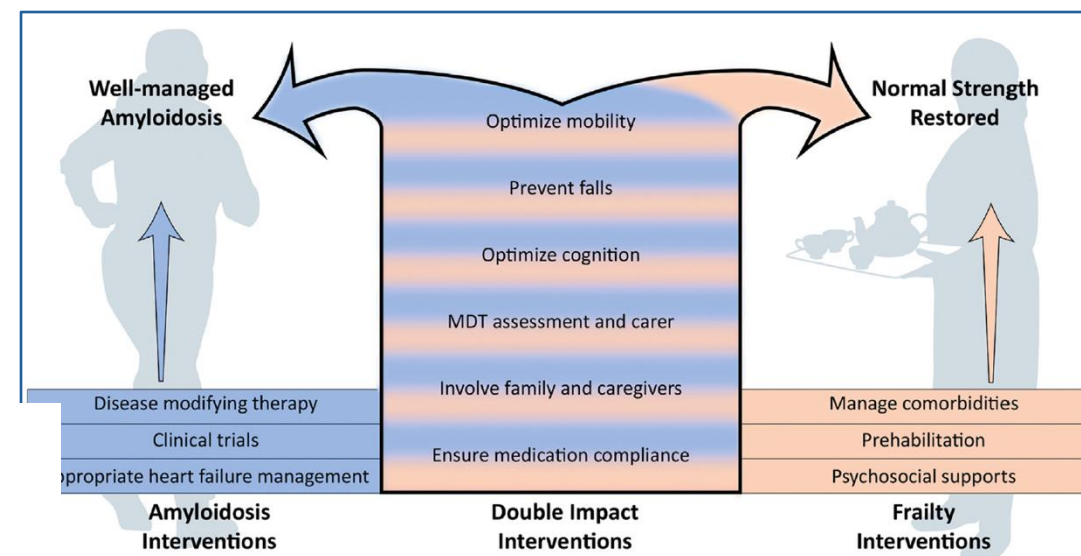
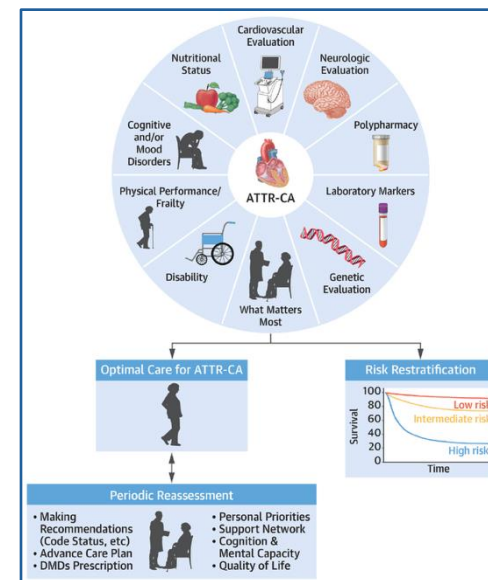
Cardiac Amyloidosis in Older Adults With a Focus on Frailty

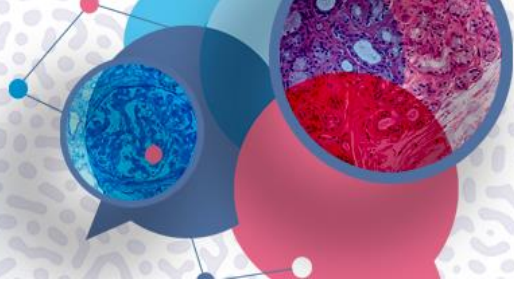


JACC: Advances Expert Consensus

Nicole K. Bart, MBBS, DPHIL,^{a,b,c,d,e} Giada Bianchi, MD,^{a,b,f,g} Sarah A.M. Cuddy, MD,^{a,b} Parag Goyal, MD, MSc,^h Jan M. Griffin, MD,ⁱ Scott L. Hummel, MD, MS,^{j,k} Peter Macdonald, MBBS, PhD,^{c,d,e} Mathew Maurer, MD,^l Elyn Montgomery, RN, PhD,^{c,d} Michael G. Nanne, MD, MHS,^m Ariela R. Orkaby, MD, MPH,^{n,o,p} Vaishali Sanchawala, MD,^q Abdulla A. Damluji, MD, PhD, MBA,^{r,s} the ACC Geriatric Cardiology Leadership Council

JACC 2025 Jun 4;6 pt1





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- Pas uniquement sur l'âge
- Données en population âgée (nouveaux traitements) :
 - PHRC Arnold (Prévalence après 80 ans et Fragilité)
- Collaboration Cardiologue – Gériatre :
 - **initiation / arrêt** du traitement ?
 - **dépistage de la fragilité** dans cette population
 - **suivi** gériatrique

