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Quaternary prevention - when to stop following the guidelines

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Background & Aim: Cardiovascular disease is the leading cause of death in economically developed countries. A rise in life expectancy leads to a high incidence of cardiovascular risks and events in the aging population.
Nowadays, patients have great expectations about health care and defensive health practices may be conducted, leading to excessive medical intervention and unnecessary costs.
Method: Description of a clinical case by consulting clinical records.
Results: This clinical case is about a 97 years old female patient who lives with her daughter and is moderately dependent in activities of daily living. Her past medical history includes hypertension and hypochromic microcytic anemia since 2008, osteoporosis, degenerative osteoarthritis and uveitis which caused her left eye blindness.
Health surveillance was always managed in domiciliary visits by her family doctor, due to functional limitations. She had consistently high blood pressure and didn't take furosemide because urinary side effects tremendously impaired her quality of life.
In October, the patient felt chest pain radiating down her left arm at rest and was diagnosed with non-ST-segment elevation acute coronary syndrome and atrial fibrillation. She was submitted to balloon angioplasty and was discharge from the hospital with de following prescription: clopidogrel 75 mg, apixaban 2,5 mg, bisoprolol 2,5 mg, ramipril 10 mg, spironolactone 12,5 mg, furosemide 40 mg and atorvastatin 10 mg.
Conclusions: This clinical case evidence the challenge between to intervene or to not intervene. When guidelines already defines less aggressive blood pressure targets for elderly people and when life expectancy was already exceed, the degree of intervention is questionable, and decisions should be cost-effective and be made taking into account in the best patient benefit.