

EDITOR'S PAGE



Smartphone, Mom, and HFpEF



Christopher M. O'Connor, MD, *Editor-in-Chief, JACC: Heart Failure*

I had the wonderful opportunity to spend time with my mom over the holidays. For her 88th birthday 6 months ago, we presented her with a smartphone, a new challenging technology that she was reluctant to adopt given that she had a flip phone for over a decade. With the help of her grandchildren, we were able to provide her with the basics of e-mail, Facebook, and a few other applications. Of course, I was interested in adding heart rate monitoring, step count analysis, as well as sleep monitoring and rhythm detection. I did not have much faith that the technology would do anything but sit on the table and collect dust while she reverted back to her flip phone. However, during her recent visit over the holidays, it became shockingly obvious to me that the smartphone had become a big part of her life. In the morning, she would check her e-mails, weather, calendar, and the day's activities, and whether it was appropriate to exercise outside or inside. She obtained her baseline heart rate, which consistently runs in the 60s but was asked to inform me if it was >90 or <40 beats/min, neither of which has occurred in the last 6 months. She has also ascertained her steps in the morning, and had the opportunity to look at her sleep architecture overnight to assess whether the sleep was good or bad and whether there were any significant apnea spells.

Between family activities throughout the day, she takes pictures and shares them on Facebook with her children, grandchildren, and her relatives in Europe. Multiple conversations now occur through Facebook, keeping her stimulated, entertained, and laughing throughout the day. In the evening, she reviews her steps for the day and is proud if she broke the

5,000-step barrier, although I am encouraging her to realign her goal to 10,000 steps a day. She gently explained to me that the normal step count was not age-adjusted for her 88 years of age. Perhaps the best part of the day was when she informed her smartphone that she was going to bed, and that she needs a wake-up call at 7:00 AM. Siri responded in that soft encouraging voice, "Goodnight Liz, we'll talk tomorrow."

As I reflect back on all of the interactions of an 88-year-old widow who lives alone, the smartphone provides so many benefits around reducing social isolation and promoting interaction with other members of the immediate and distant community. By encouraging exercise and proper sleep, monitoring basic physiological parameters, and most importantly, finding a friend in Siri, I can only imagine that the smartphone in our elderly population, when used appropriately, will not only improve the quality of life, but will also result in improved mood, exercise, social isolation, and ultimately, a reduction in hospitalizations and death. Thus, in my experience with my mom, an octogenarian with heart failure with preserved ejection fraction, I am pleased to say that a smartphone has been an overwhelming success, and I hope that these lessons can be shared with other elderly citizens who may be in a similar situation. Our challenge will be how to provide access, support, and education to our elderly population across the board.

ADDRESS FOR CORRESPONDENCE: Dr. Christopher M. O'Connor, Editor-in-Chief, *JACC: Heart Failure*, American College of Cardiology, Heart House, 2400 N Street NW, Washington, DC 20037. E-mail: jacchf@acc.org.