How to Manage a Patient With Atrial Fibrillation ?

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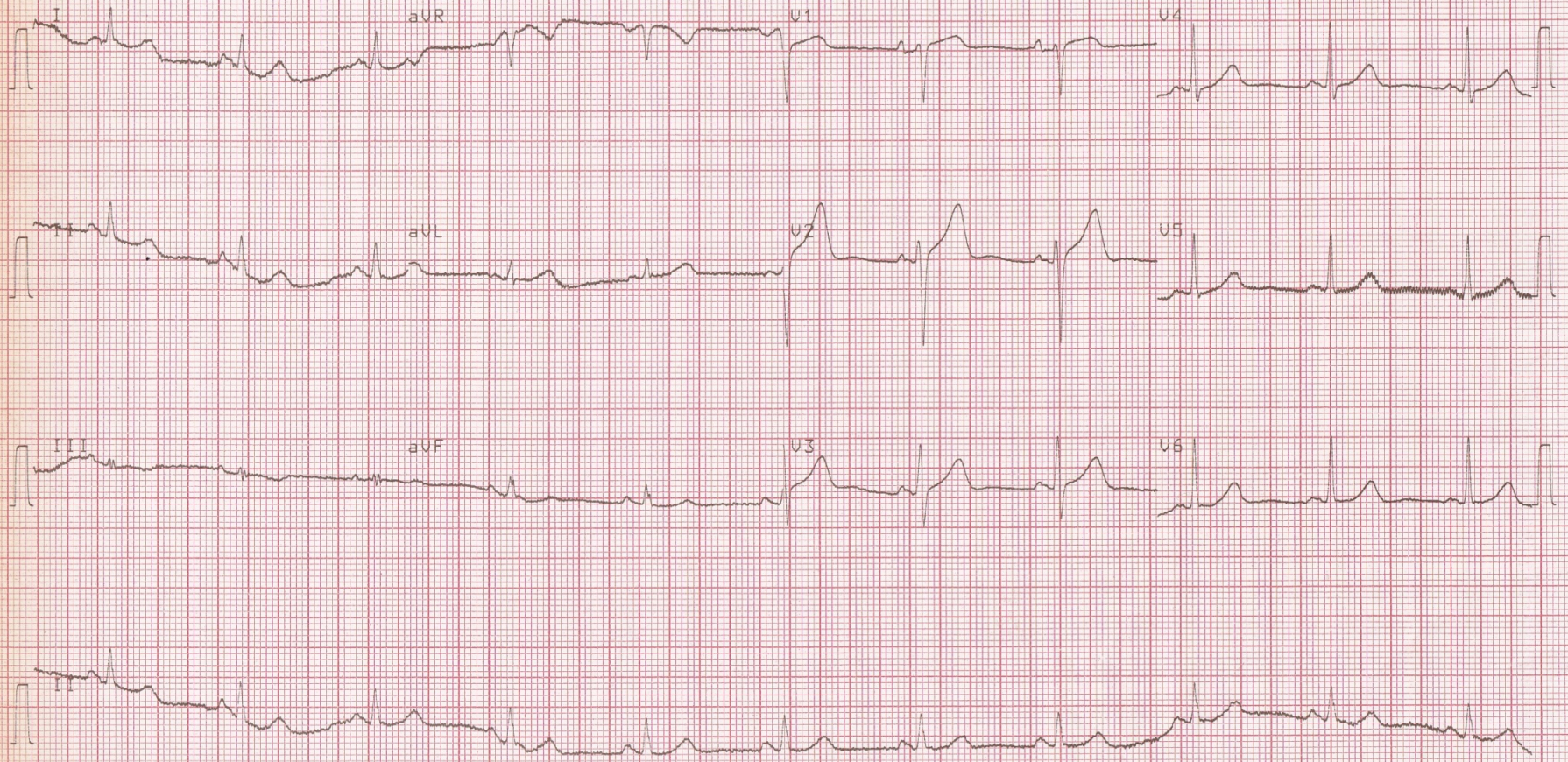Hong Kong Interhospital Network of Pacing and Cardiac Electrophysiology

Clinical Importance of AF

- 1-2% of population; men > women
- Life-time risk 25% for 40-year-old
- Double risk of death

  5-fold risk of stroke

  3-fold risk of heart failure
- ↓ QOL, ET; ↑ hospitalizations, LVD

Case

- M/56, NSND
- First presented in 2007 with right sided weakness and numbness for one day, slurred speech+
- Not symptomatic of palpitations
- CT brain: left internal capsule and temporal infarcts
- Chol 6.5, LDL 4.6, TG 1.3
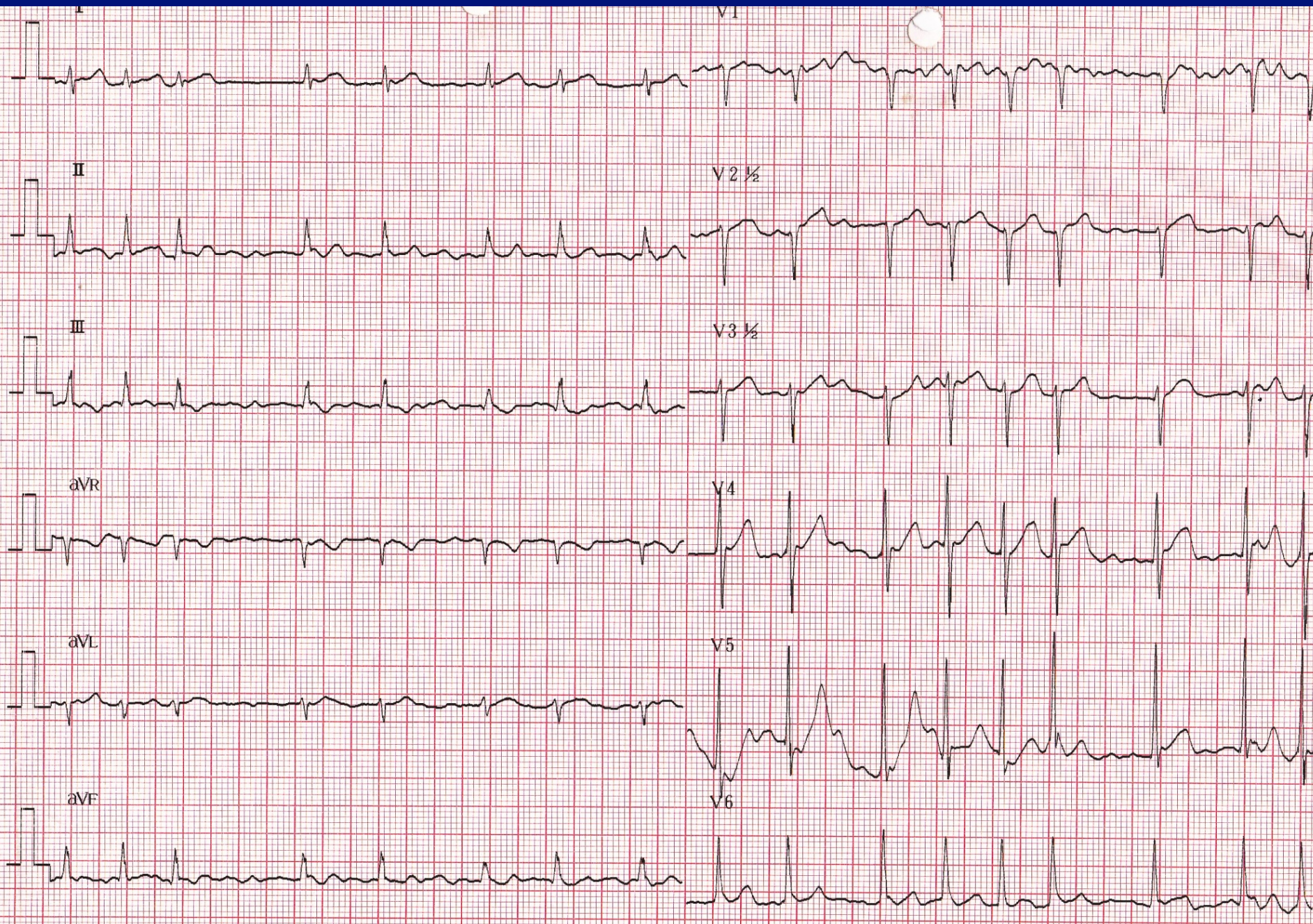- Aspirin 80mg daily, Simvastatin 10mg Nocte

ECG

Case

- 4 months later, presented with sudden onset of bilateral visual loss, partially recovered in seconds, then peripheral visual loss subsequently subsided in 20 minutes

- Attended A&E and developed another episode

- CT brain: Chronic left cerebral infarcts

- Managed as TIA

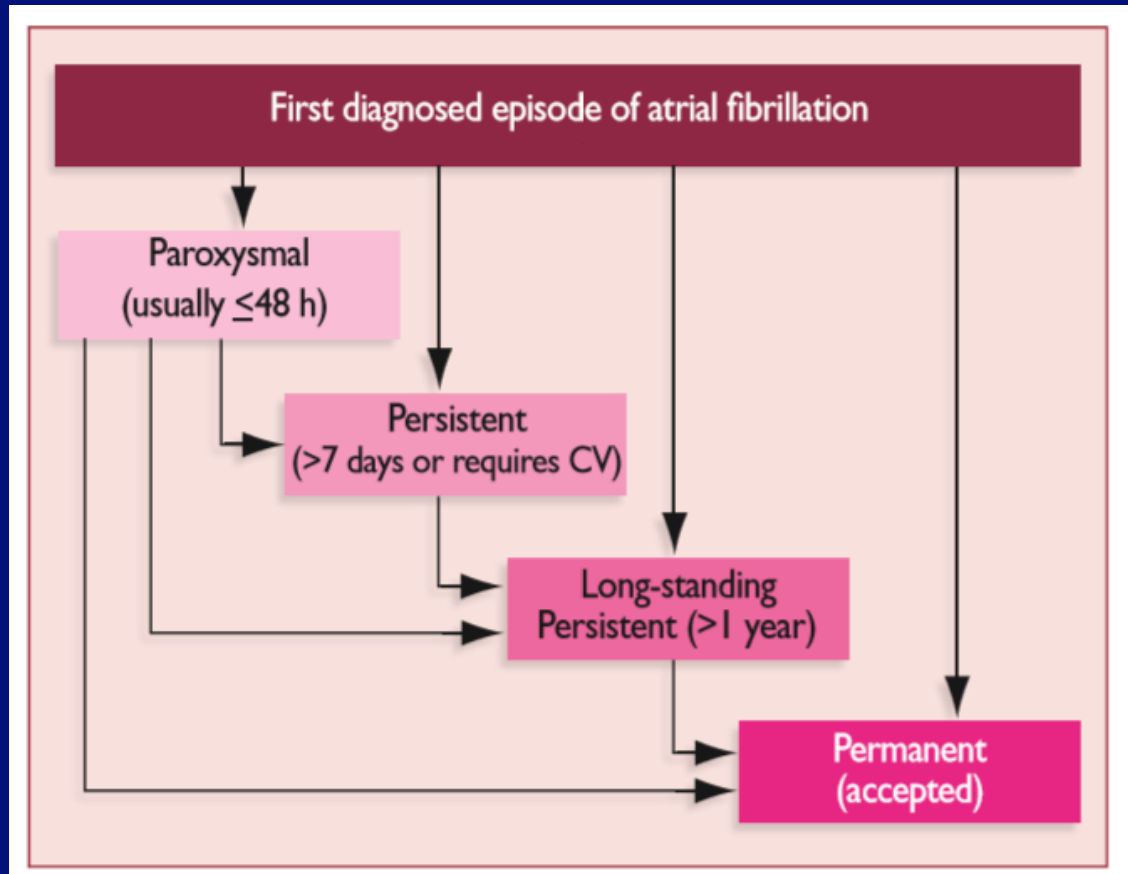- ECG: SR

Investigations for Recurrent Stroke

- Carotid Doppler and Transcranial Doppler normal

- MRA and brain: no significant arterial stenosis, infarct at occipital lobe

- TEE: normal

I

II

III

aVR

aVL

aVF

V1

V2 ½

V3 ½

V4

V5

V6

Aetiology of AF

- Hypertension
- Coronary artery disease
- Valvular heart disease
- Cardiomyopathy
- Chronic lung disease
- ASD or other congenital heart disease
- Thyrotoxicosis
- Sleep apnoea

AF Classification

Camm AJ, et al. Guidelines for management of atrial fibrillation.
EHJ 2010;31:2369-2429

Symptom Assessment for AF

Classification of AF-related symptoms (EHRA score)	
EHRA class	**Explanation**
EHRA I	'No symptoms'
EHRA II	'Mild symptoms'; normal daily activity not affected
EHRA III	'Severe symptoms'; normal daily activity affected
EHRA IV	'Disabling symptoms'; normal daily activity discontinued

Treatment Approach for AF

- Rhythm control or rate control
- Stroke prevention