

## AF DR BALACHANDRAN

150000 strokes/y 50% die [worse than MI]

10% strokes associated with AF

300000 stroke survivors in UK with moderate or severe disability

25% under 65

### Stroke Risk

HBP High Chol AF DM Cigs Bad Diet alcohol Family History Past History of a stroke or TIA

AF rare under 65 common after 75

Cause larger strokes a large clot breaks off from L Atrial appendage

Warfarin very effective at reducing stroke risk in patients with AF

50% AF patients are not on Warfarin when they should have been

### NEW QOF

% patients risk assessed [checking for irreg pulse]

% on warfarin not just aspirin

Bleeding Risk [Warfarin =1]

Warfarin 1

Aspirin 0.9

Warfarin+Aspirin 1.7

Aspirin+Clopidogrel 1.8

Warfarin+Clopidogrel 4

Warfarin+Aspirin+Clopidogrel 6

### AF

With HBP or DM or thyrotoxicosis or over 75s or alcohol excess

With LVF/RVF Valve disease Cardiomyopathy Ischemic Heart Disease

during procedures Cardioversion Pulmonary Vein Ablation also [rare]

Cancer Lung

## CHADS2 SCORE

CCF/LVF 1

HBP 1

AGE OVER 75 1

DM 1

STROKE OR TIA 2

CHADS 0 no rx

CHADS 1 or more give Warfarin

90% of AF patients who have had a stroke were not on warfarin or on an inadequate amount

INR needs to be 2-3 Subtherapeutic levels useless and when INR is rising from 1 to 2 there is a slight INCREASE in clotting tendency which is why for DVT tinzaparin is used until INR has been 2 or more for 48h

Bleeding Risk More if:

HBP Reduced Liver or Kidney function Previous CVA PH of bleeding problem or of anaemia Labile INR Over 65 years old use of antiplatelet drugs aspirin or clopidogrel alcohol [affects stomach>bleed]

AF Dr FOX

Ix ECG to confirm

Bloods incl TSH to detect hyperthyroidism

CXR to pick up rare lung tumour

ECHO to detect structural disorders Valve cardiomyopathy etc

BP HBP treat with ARB

Rx Do CHADS2 score for stroke risk. Warfarin if 1 or more.

Valves need warfarin regardless of score

Asymptomatic or unwell [weak breathless]

Rate or Rhythm control Long term rate control only. Short term rhythm control

Warfarin Aspirin or Dabigatran [new]

Most cases HBP +/- Ischaemic Heart Disease a few Valves, Cardiomyopathy, Thyrotoxicoses, Alcohol &c

Warfarin reduces stroke risk 65%

There is a more detailed CHADS score CHADS VASC use if CHADS score 0

New Dabigatran “Direct Thrombin Inhibitor” also is used to Prevent DVT  
Rapid response 2h  
Not affected by food or drugs like Warfarin  
No monitoring needed

2 doses 110mg for old or renal impairment otherwise 150 mg

Rate control only of persistent AF [over 6/12]  
Use B Blocker CCB [Diltiazem or Verapamil] Digoxin as add on as Pulse accelerates on exertion if given on its own

Rhythm control if symptomatic Paroxysmal or Persistent AF  
If No Heart disease use Flecainide or Propafenone [plus BB, CCB]  
Sotalol  
Amiodarone  
Dronedrone  
If Heart disease  
Sotalol  
Amiodarone  
Dronedrone

If can't have BB [asthma] or CCB [Ankles swell] rate control will be Poor so if symptomatic AF > Ablation

AV Node ablation  
Older Patient  
Still will need Warfarin but not rate control drugs  
Needs a Pacemaker inserted

Pulmonary Vein Ablation [ablation round the mouths of the pulmonary veins  
may still need Warfarin

Atrial Appendage Plug  
Like a shuttlecock useful if previous cerebral Hg or Bowel Angioma

REFER

YOUNG

SYMPTOMATIC

Don't Refer old asymptomatic just do bloods, echo/chest x  
BB Diltiazem Digoxin  
Warfarin