



ACTUALITZACIÓ EN FIBRIL·LACIÓ AURICULAR 2019

Dr. Carles Falces

Unitat de Fibril·lació Auricular

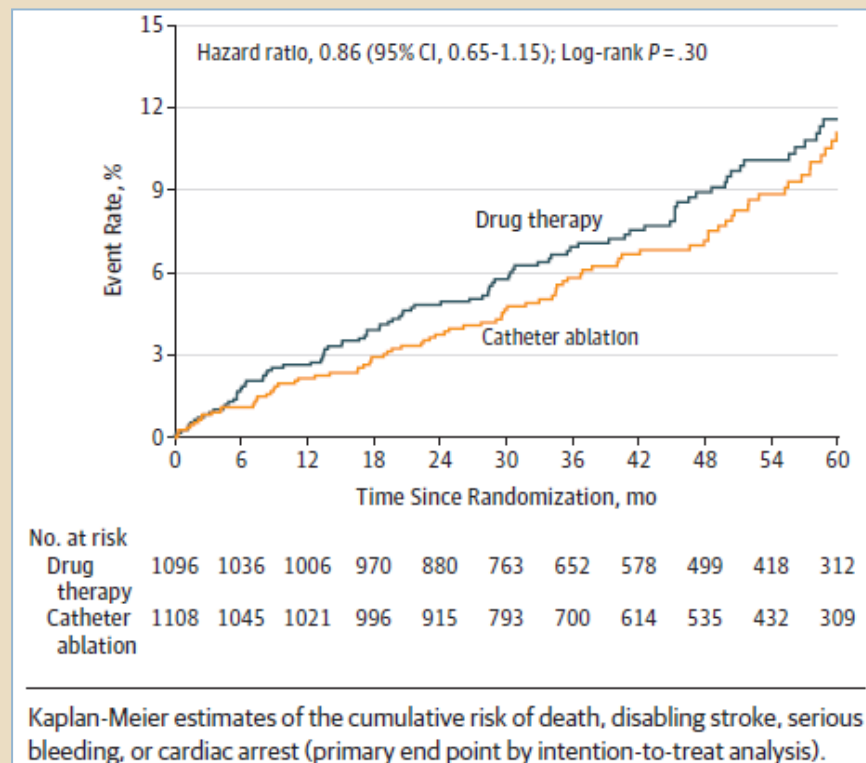
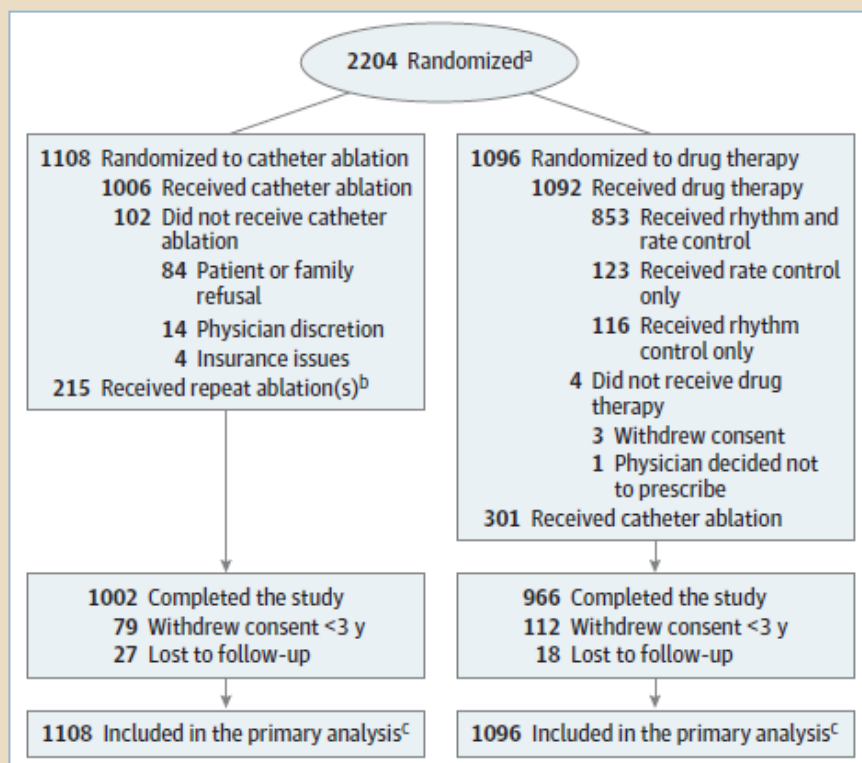
Institut Clínic Cardiovascular; Hospital Clínic de Barcelona
Àrea Integral de Salut Barcelona-Esquerra





Effect of Catheter Ablation vs Antiarrhythmic Drug Therapy on Mortality, Stroke, Bleeding, and Cardiac Arrest Among Patients With Atrial Fibrillation

The CABANA Randomized Clinical Trial

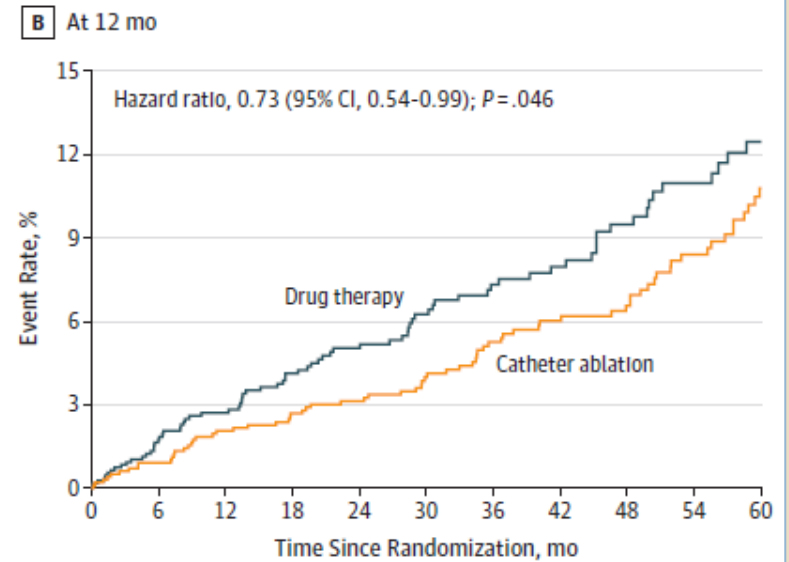
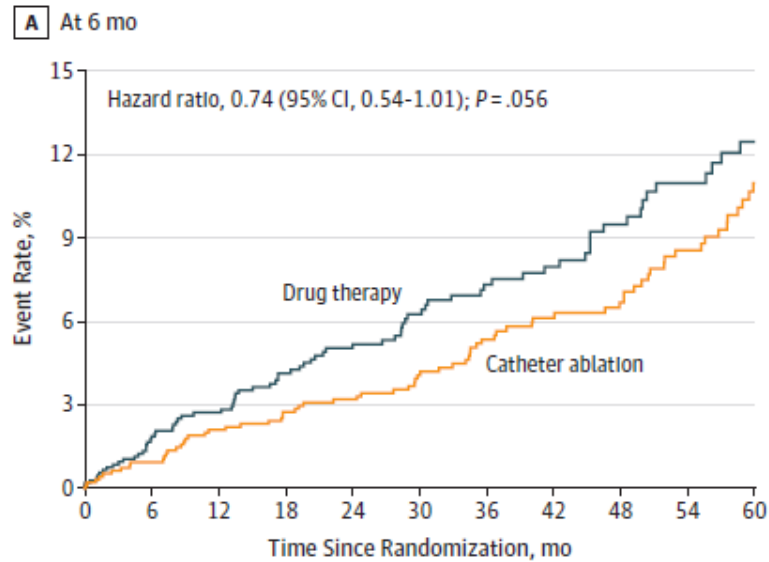




Effect of Catheter Ablation vs Antiarrhythmic Drug Therapy on Mortality, Stroke, Bleeding, and Cardiac Arrest Among Patients With Atrial Fibrillation

The CABANA Randomized Clinical Trial

Figure 5. Kaplan-Meier Estimates of the Primary End Point by Per-Protocol Analysis



No. at risk	0	6	12	18	24	30	36	42	48	54	60
Drug therapy	1096	954	860	778	680	566	464	396	330	275	204
Catheter ablation	970	941	920	901	835	721	636	555	483	397	287

	1096	954	860	778	680	566	464	396	330	275	204
	987	958	937	918	849	735	648	566	494	404	291

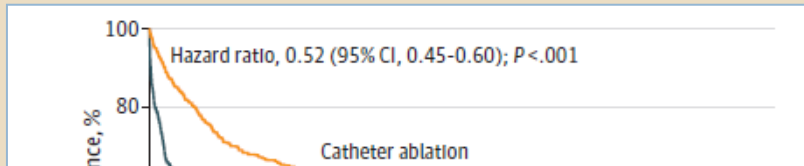
JAMA. 2019;321(13):1261-1274. doi:10.1001/jama.2019.0693
Published online March 15, 2019.





Effect of Catheter Ablation vs Antiarrhythmic Drug Therapy on Mortality, Stroke, Bleeding, and Cardiac Arrest Among Patients With Atrial Fibrillation

The CABANA Randomized Clinical Trial



Key Points

Question Among patients with atrial fibrillation, what is the effect

Catheter ablation of symptomatic paroxysmal AF is recommended to improve AF symptoms in patients who have symptomatic recurrences of AF on antiarrhythmic drug therapy (amiodarone, dronedarone, flecainide, propafenone, sotalol) and who prefer further rhythm control therapy, when performed by an electrophysiologist who has received appropriate training and is performing the procedure in an experienced centre.



	0	6	12	18	24	30	36	42	48
No. at risk									
Drug therapy	629	304	252	212	181	157	131	115	94
Catheter ablation	611	432	381	328	291	241	201	163	134

2016 ESC Guidelines for the management of atrial fibrillation developed in collaboration with EACTS

therapy did not significantly reduce the primary composite end point (mortality, stroke, serious bleeding, or cardiac arrest) (8.6% vs 9.2%, respectively; hazard ratio, 0.86).

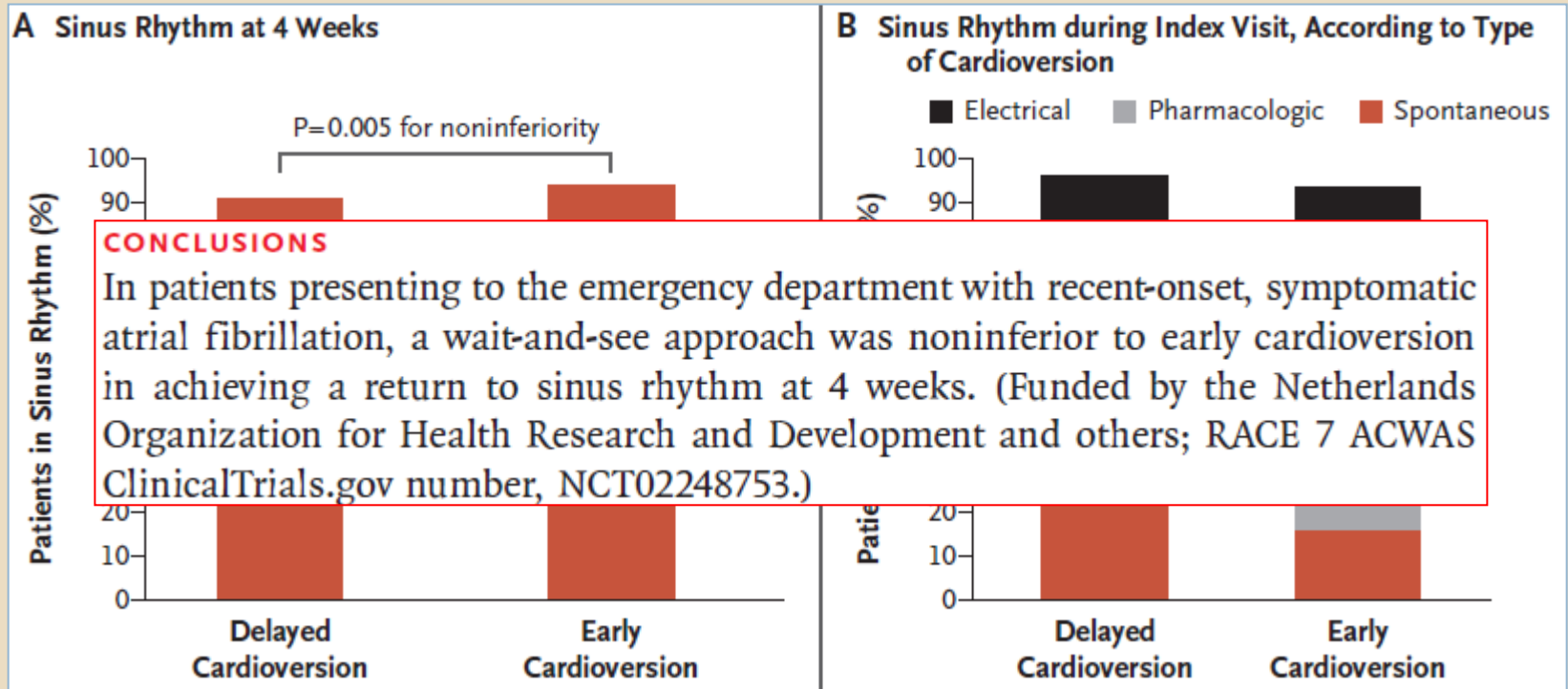
Meaning Among patients with atrial fibrillation, catheter ablation, compared with medical therapy, did not significantly reduce the primary composite outcome.

Freedom from recurrence of atrial fibrillation following the blanking period in 1240 patients who used the study electrocardiogram event recorders



Early or Delayed Cardioversion in Recent-Onset Atrial Fibrillation

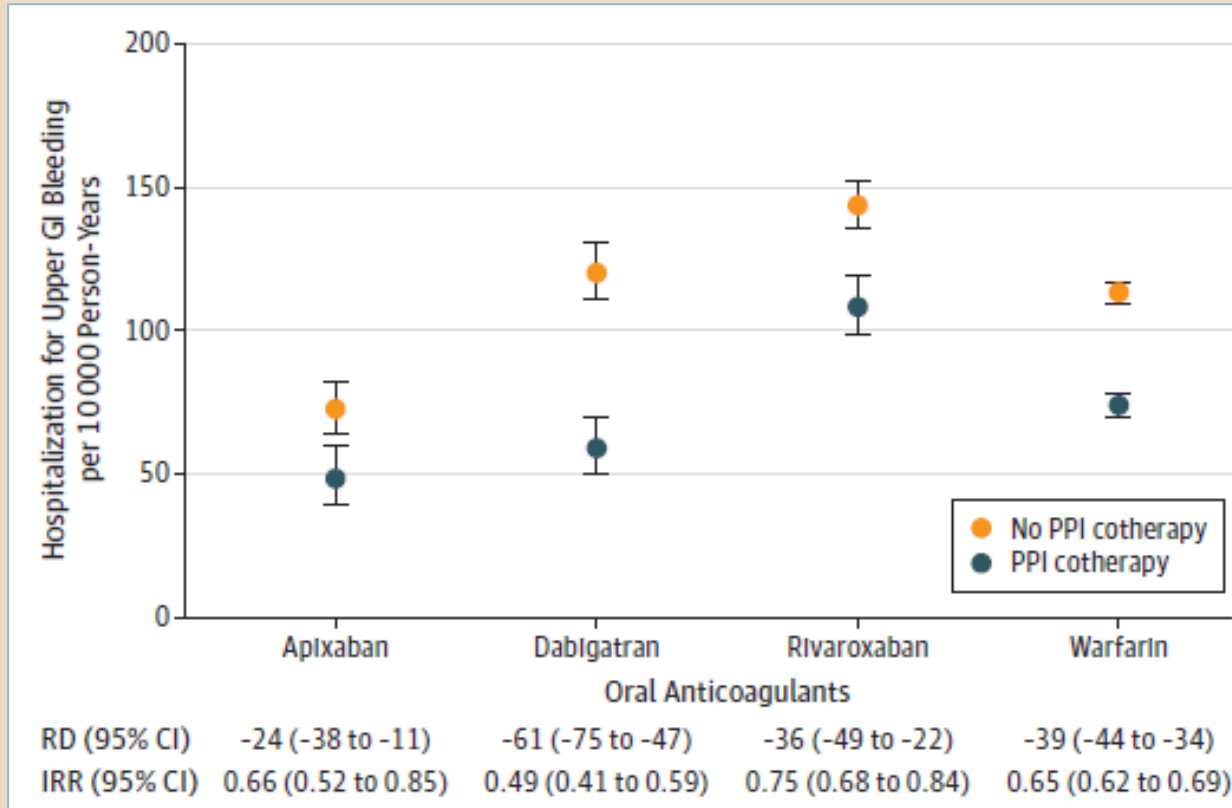
N.A.H.A. Pluymaekers, E.A.M.P. Dudink, J.G.L.M. Luermans, J.G. Meeder, T. Lenderink, J. Widdershoven, J.J.J. Bucx, M. Rienstra, O. Kamp, J.M. Van Opstal, M. Alings, A. Oomen, C.J. Kirchhof, V.F. Van Dijk, H. Ramanna, A. Liem, L.R. Dekker, B.A.B. Essers, J.G.P. Tijssen, I.C. Van Gelder, and H.J.G.M. Crijns, for the RACE 7 ACWAS Investigators*



N= 437



Association of Oral Anticoagulants and Proton Pump Inhibitor Cotherapy With Hospitalization for Upper Gastrointestinal Tract Bleeding

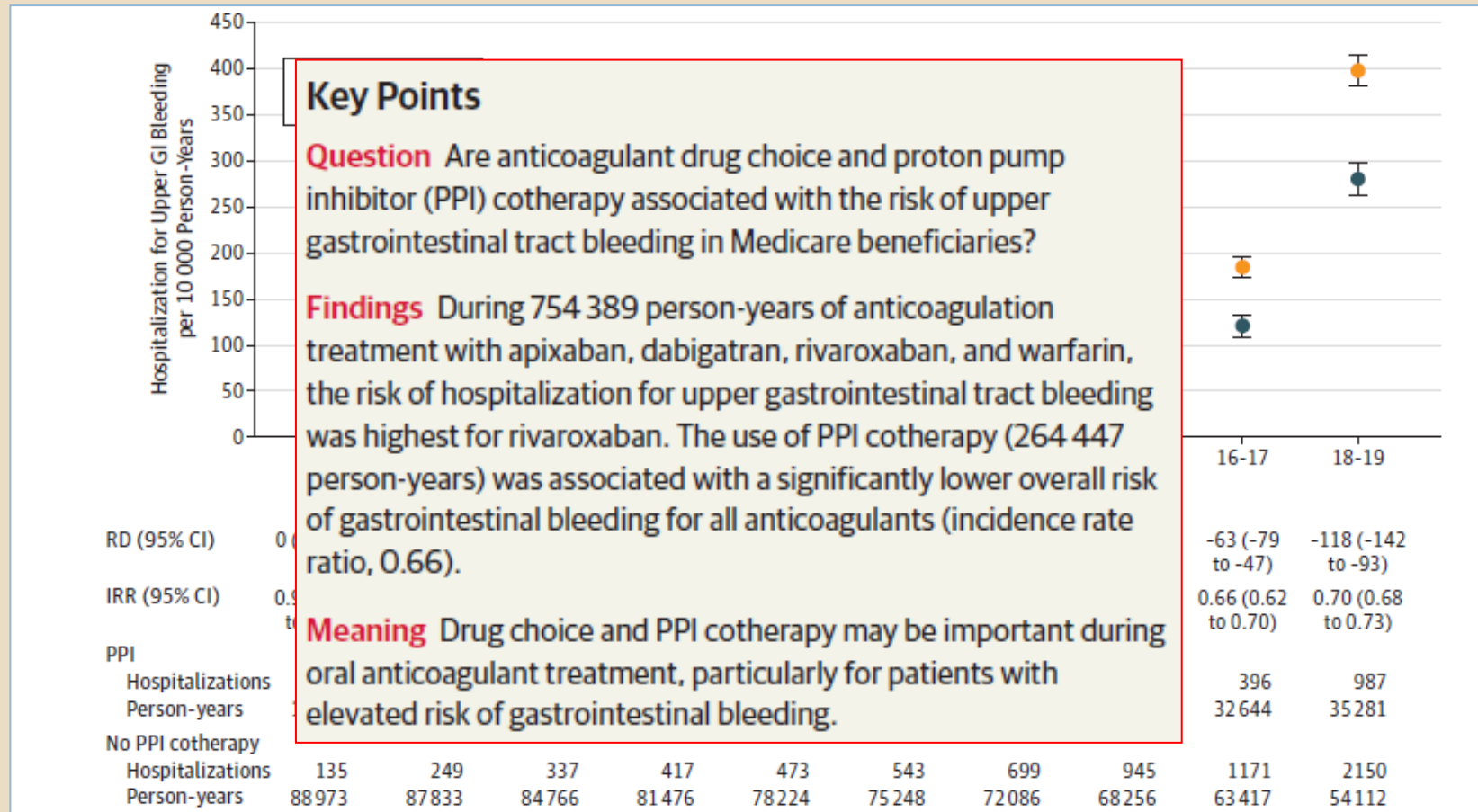


N= 1.643.123 Medicare beneficiaries 2011-2015





Association of Oral Anticoagulants and Proton Pump Inhibitor Cotherapy With Hospitalization for Upper Gastrointestinal Tract Bleeding





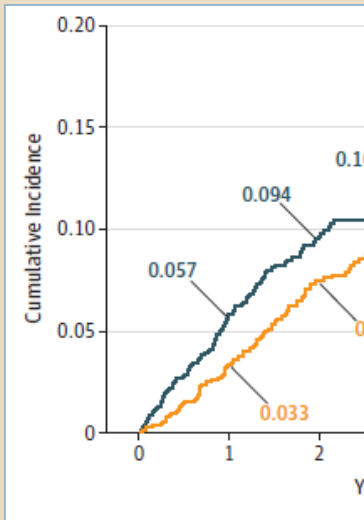
Association of Adding Aspirin to Warfarin Therapy Without an Apparent Indication With Bleeding and Other Adverse Events

Key Points

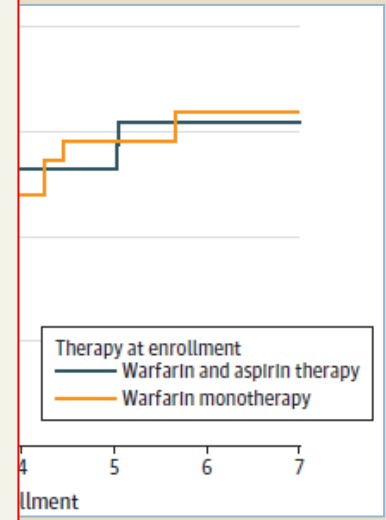
Question Among patients receiving warfarin sodium for management of atrial fibrillation or venous thromboembolism, how often are patients receiving aspirin (acetylsalicylic acid) without a clear therapeutic indication, and what is the clinical impact?

Findings In a registry-based cohort study of 3688 propensity score-matched patients followed up prospectively at anticoagulation clinics, without a heart valve replacement or recent acute coronary syndrome, 37.5% received aspirin. These patients had a statistically higher rate of bleeding, emergency department visits, and hospitalizations for bleeding; there was no observed difference in thrombosis rates.

Meaning Some patients receiving anticoagulation treatment with warfarin may be receiving concomitant aspirin therapy that may increase bleeding risk with unclear therapeutic benefit.



Majo



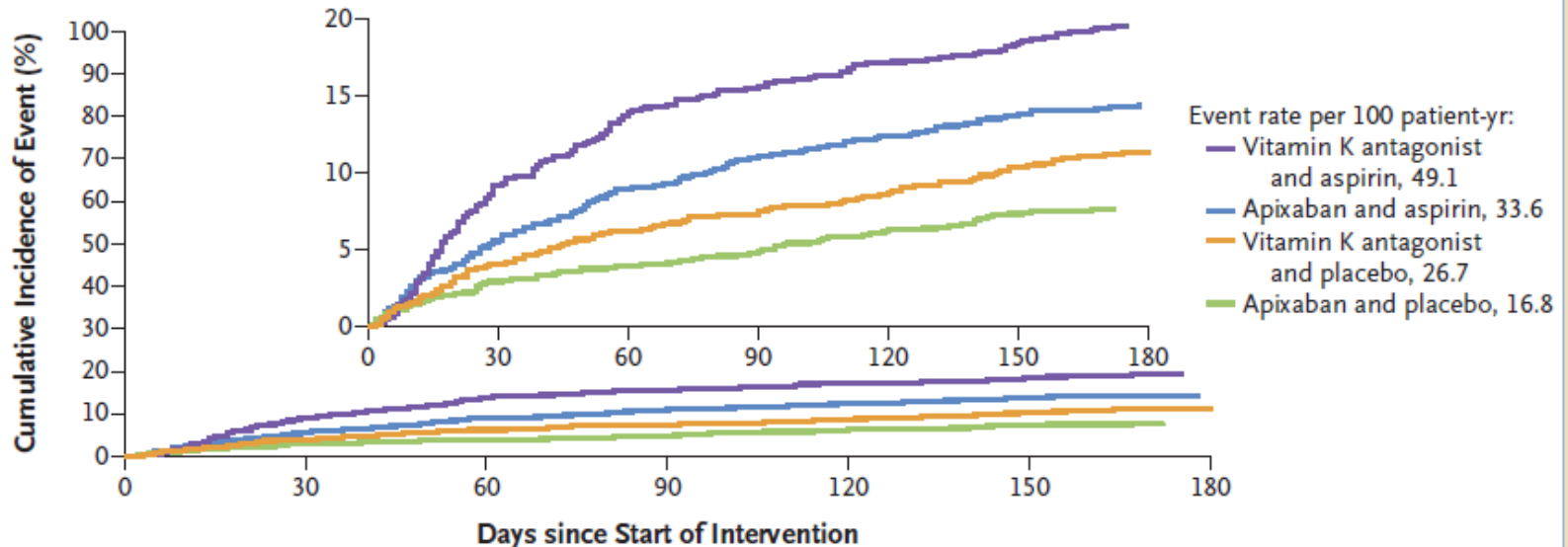
S



Antithrombotic Therapy after Acute Coronary Syndrome or PCI in Atrial Fibrillation

Renato D. Lopes, M.D., Ph.D., Gretchen Heizer, M.S., Ronald Aronson, M.D., Amit N. Vora, M.D., M.P.H., Tyler Massaro, Ph.D., Roxana Mehran, M.D., Shaun G. Goodman, M.D., Stephan Windecker, M.D., Harald Darius, M.D., Jia Li, Ph.D., Oleg Averkov, M.D., Ph.D., M. Cecilia Bahit, M.D., Otavio Berwanger, M.D., Ph.D., Andrzej Budaj, M.D., Ph.D., Ziad Hijazi, M.D., Ph.D., Alexander Parkhomenko, M.D., Ph.D., Peter Sinnaeve, M.D., Ph.D., Robert F. Storey, M.D., Holger Thiele, M.D., Dragos Vinereanu, M.D., Ph.D., Christopher B. Granger, M.D., and John H. Alexander, M.D., M.H.S., for the AUGUSTUS Investigators*

Primary Outcome, According to Intervention Combination



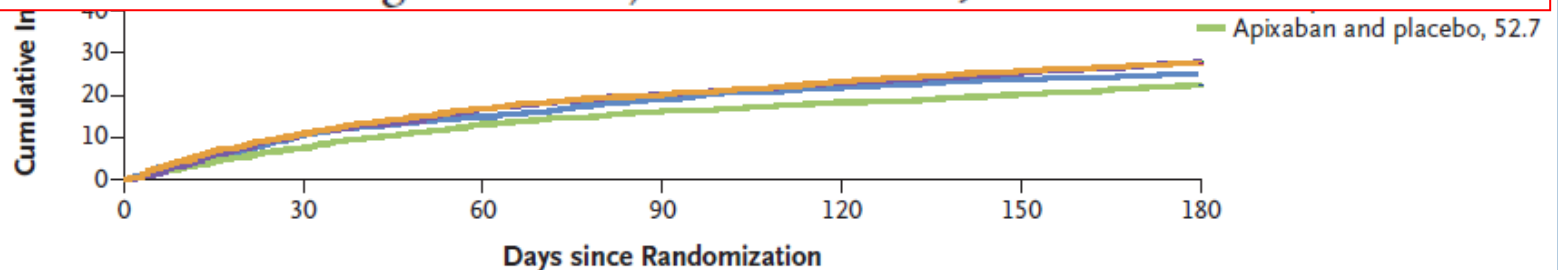


Antithrombotic Therapy after Acute Coronary Syndrome or PCI in Atrial Fibrillation

Renato D. Lopes, M.D., Ph.D., Gretchen Heizer, M.S., Ronald Aronson, M.D., Amit N. Vora, M.D., M.P.H., Tyler Massaro, Ph.D., Roxana Mehran, M.D., Shaun G. Goodman, M.D., Stephan Windecker, M.D., Harald Darius, M.D., Jia Li, Ph.D., Oleg Averkov, M.D., Ph.D., M. Cecilia Bahit, M.D., Otavio Berwanger, M.D., Ph.D., Andrzej Budaj, M.D., Ph.D., Ziad Hijazi, M.D., Ph.D., Alexander Parkhomenko, M.D., Ph.D., Peter Sinnaeve, M.D., Ph.D., Robert F. Storey, M.D., Holger Thiele, M.D., Dragos Vinereanu, M.D., Ph.D., Christopher P. Cannon, M.D.

CONCLUSIONS

In patients with atrial fibrillation and a recent acute coronary syndrome or PCI treated with a P2Y₁₂ inhibitor, an antithrombotic regimen that included apixaban, without aspirin, resulted in less bleeding and fewer hospitalizations without significant differences in the incidence of ischemic events than regimens that included a vitamin K antagonist, aspirin, or both. (Funded by Bristol-Myers Squibb and Pfizer; AUGUSTUS ClinicalTrials.gov number, NCT02415400.)



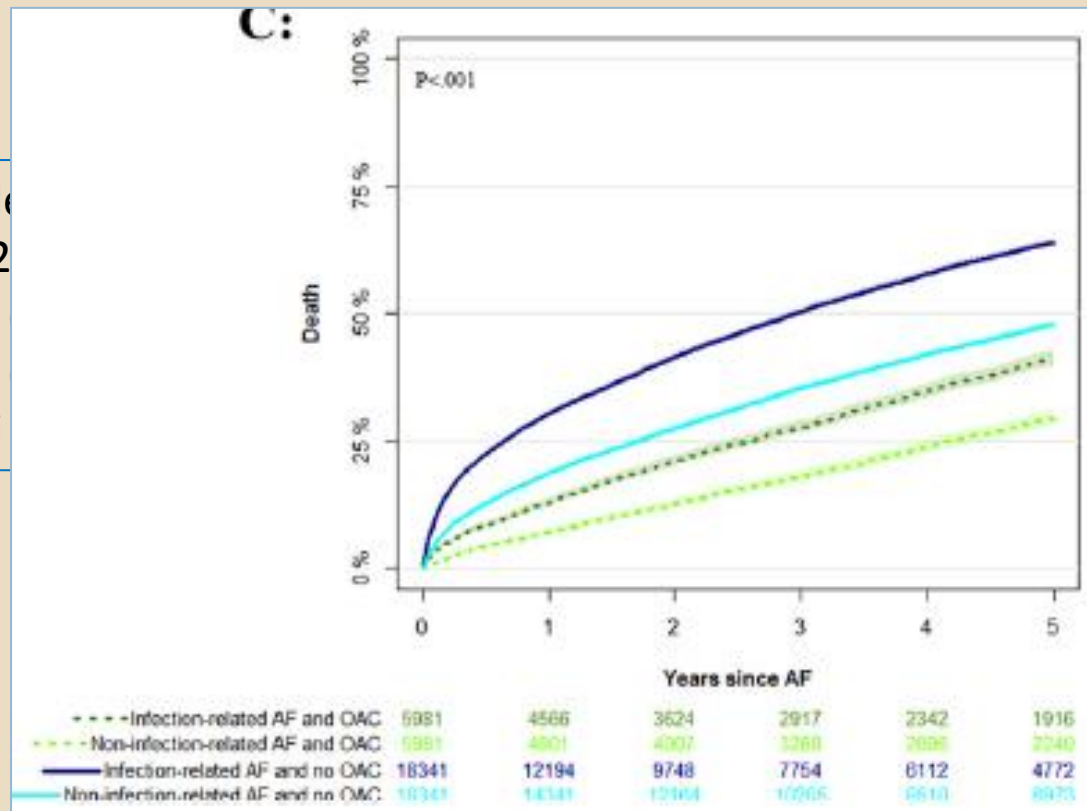


Comparative thromboembolic risk in atrial fibrillation patients with and without a concurrent infection



Anna Gundlund, MD, PhD,^a Thomas Kümler, MD, PhD,^b Jonas Bjerring Olesen, MD, PhD,^a Anders Nissen Bonde, MD,^a Gunnar H. Gislason, MD, PhD,^{a,c,d} Christian Torp-Pedersen, MD, DMSc,^c Lars Køber, MD, DMSc,^f and Emil Loldrup Fosbøl, MD, PhD^f *Hellerup, Herlev, Vogtmagergade 7, Copenhagen K, Aalborg, east, and Copenhagen Ø, Denmark*

- Base de dades
- 1996-2017
- 94697 pacients amb AF
- 42814 pacients amb AF i OAC
- Anàlisi de supervivència



Am Heart J 2018;204:43-51



Àrea Integral de Salut
Barcelona Esquerra

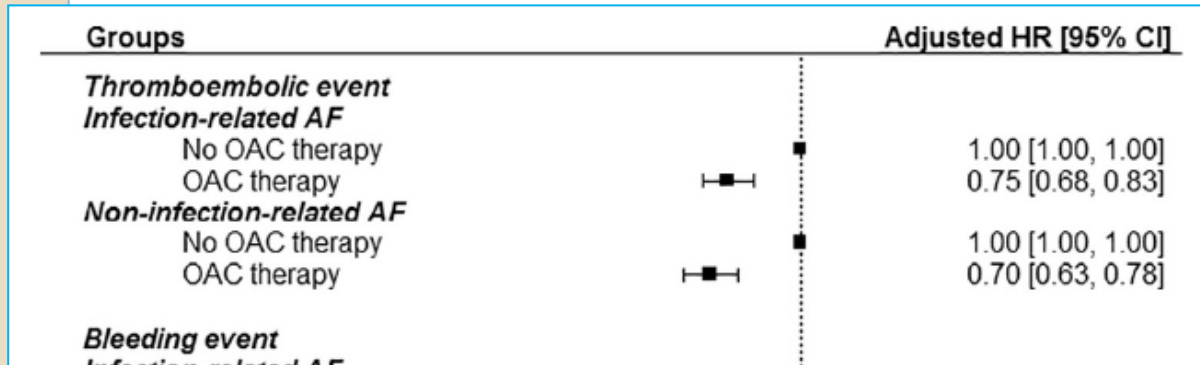
CLÍNICA
BARCELONA
Hospital Universitari



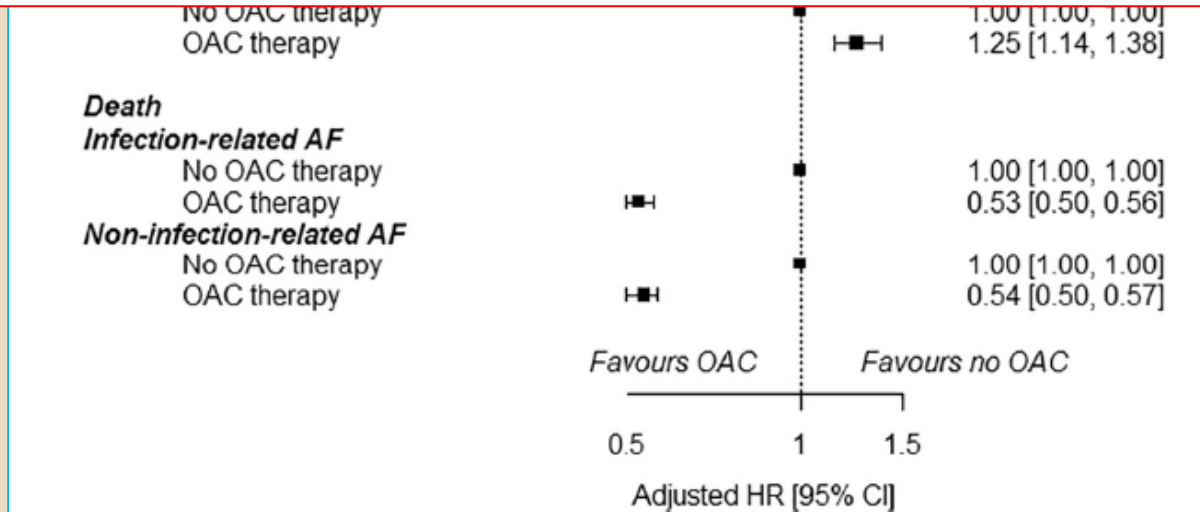


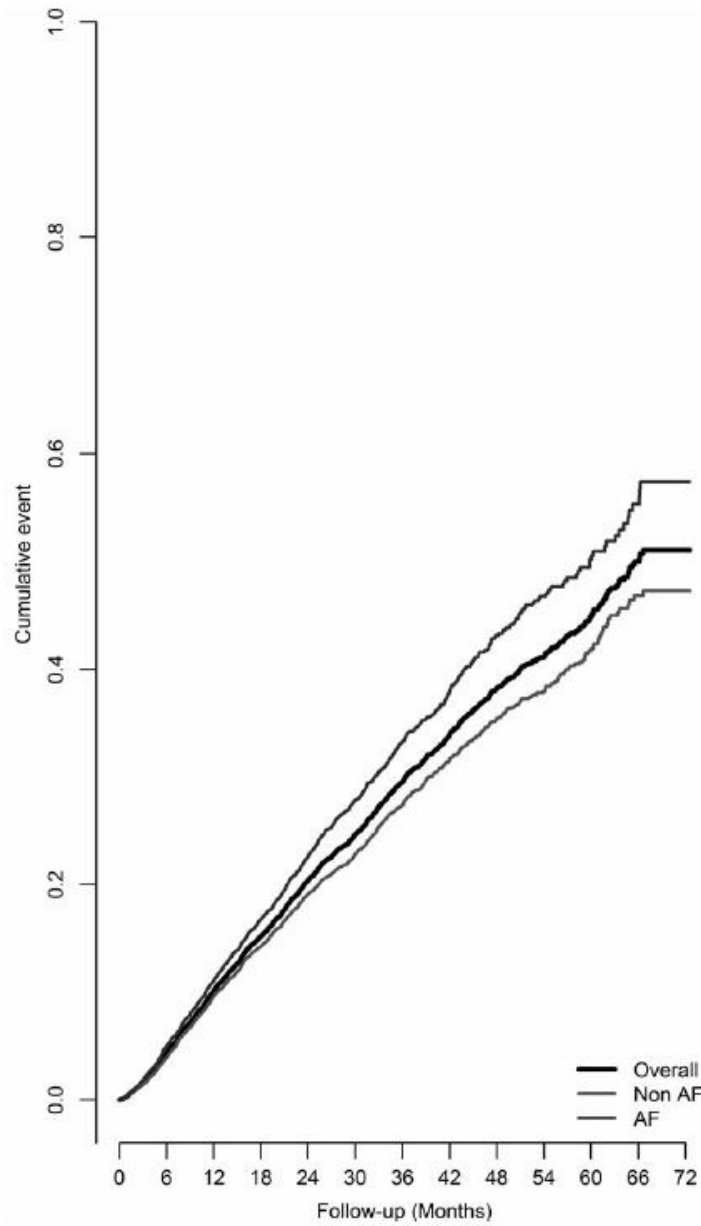
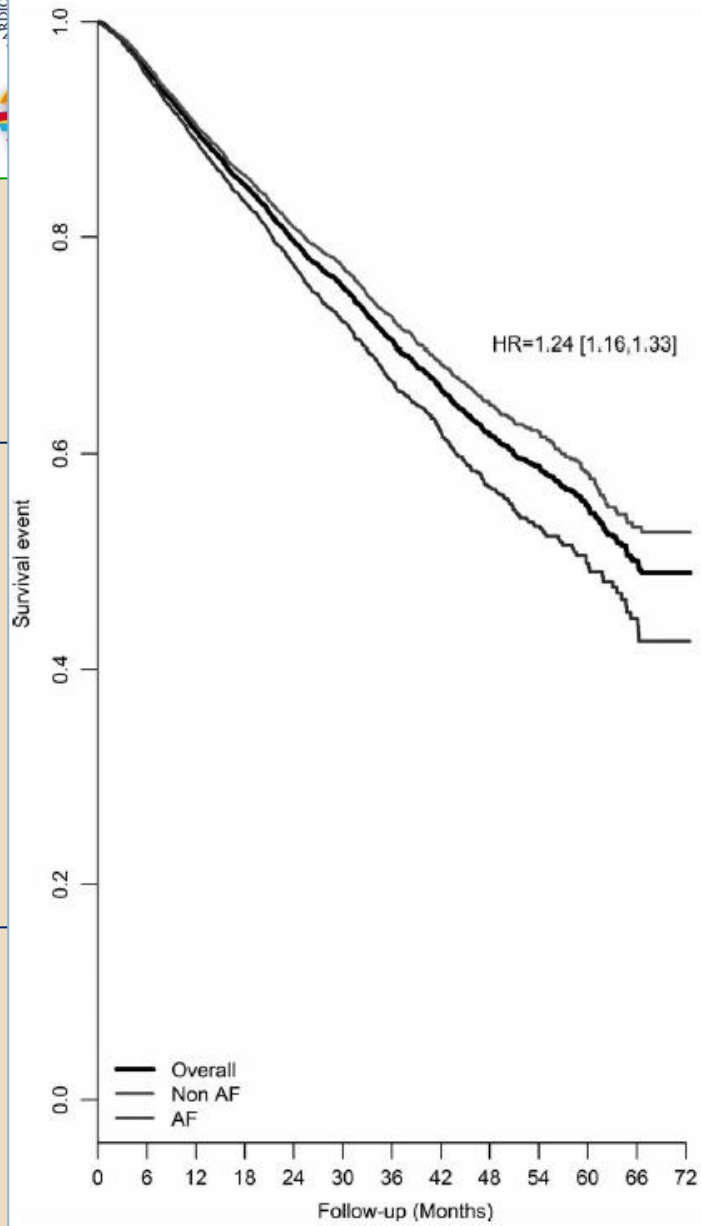
Comparative thromboembolic risk in atrial fibrillation patients with and without a concurrent infection

ers Nissen Bonde, MD,^a
 DMSc,^f and
 org, east, and



Conclusion Infection was associated with an increased thromboembolic risk in patients with first-time AF. OAC therapy was associated with a similar risk-reduction in AF patients with and without a concurrent infection. (Am Heart J 2018;204:43-51.)






digoxin

2,3



Mortality in heart failure with atrial fibrillation: Role of digoxin and diuretics

Felipe Gonzalez-Loyola^{1,2,3} | Rosa Abellana^{1,4} | José- Maria Verdú-Rotellar^{1,2,5} |

Alejandro Bustamante Rangel⁶ | Josep Lluís Clua-Espuny^{7,8} | Miguel-Angel Muñoz^{1,2,3} 

ACEi/ARBs	0.80	0.74-0.87		0.80	0.74-0.86
Beta-blockers	0.95	0.88-1.03		0.94	0.87-1.02
Digoxin	1.09	0.98-1.22	Non-Atrial fibrillation	1.32	1.05-1.66
			Atrial fibrillation	1.04	0.92-1.18
Diuretics	1.27	1.13-1.43	Non-Atrial fibrillation	1.40	1.20-1.62
			Atrial fibrillation	1.04	0.85-1.26

Conclusions: An excess of mortality in HF patients with AF was found in a large retrospective community-based cohort. Digoxin and diuretics did not affect mortality in HF patients with AF.



cfalces@clinic.cat
@CarlesFalces



Segueix-nos i
participa a Twitter



@catcardiocamfic