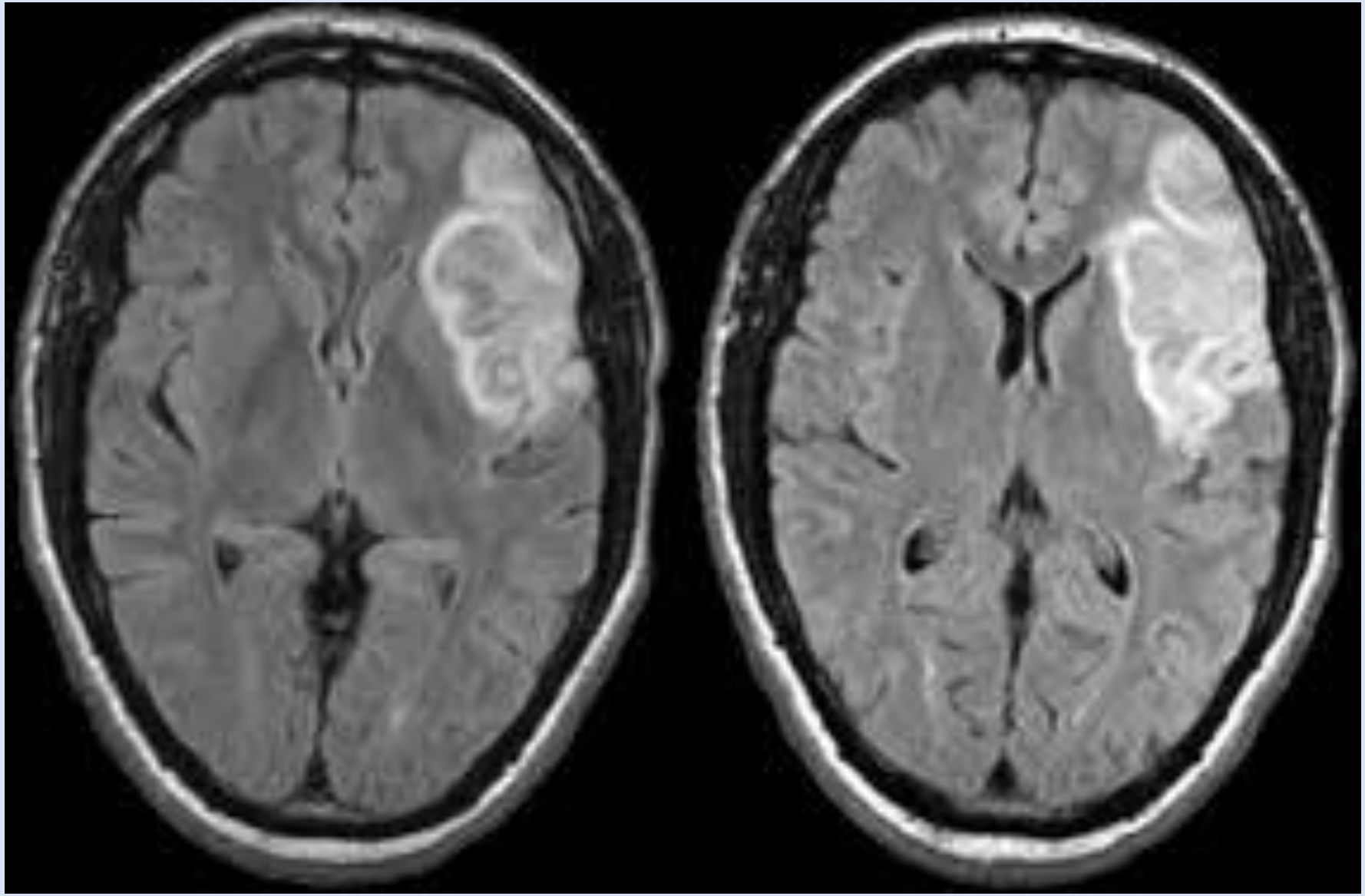
Atriyal Fibrilasyon Tedavisinde Kişisel Deneyim

Prof.Dr. M.Remzi Karaoğuz
Koç Üniversitesi Hastanesi
6. AF Zirvesi Bahar Toplantısı
08 Nisan 2017



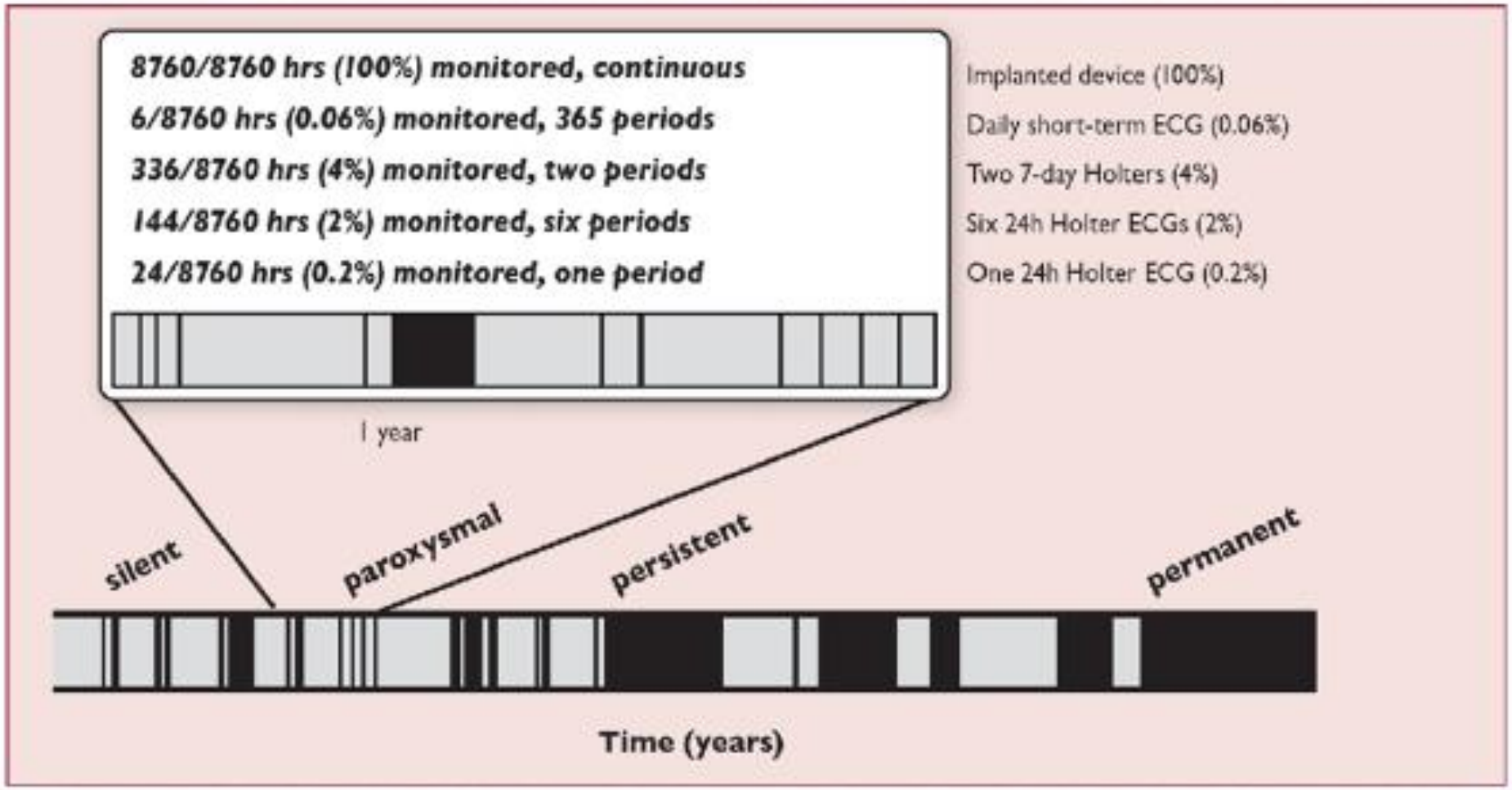
Atriyal Fibrilasyonla İlişkili Kardiyovasküler Mortalite ve Morbidite

Sonuç parametresi	AF hastalarındaki görecelI değişim
1. Ölüm	**Mortalite artmıştır**
2. İnme (hemorajik inmeyi ve serebral kanamaları içerir.)	**İnmelerin %20-30'u AF bağlıdır, Çoğunlukla sessiz ve paroksismal AF**
3. Hastaneye yatışlar	**Her yıl AF li hastaların %10 ile 40'ı hastaneye yatmaktadır**
4. Yaşam kalitesi ve egzersiz kapasitesi	Etki bulunmaması ila majör azalma arasında geniş çapta farklılık. AF çarpıntı ve diğer semptomlar ile belirgin rahatsızlığa neden olabilir.
5. Sol ventrikül fonksiyonu	**AF'li hastaların %20 ile 30'unda LV Fonksiyon bozukluğu bulunur**

AF = atriyal fibrilasyon

Guidelines for the management of atrial fibrillation. Eur Heart J 2016

Diagnostic yield of different ECG screening techniques for paroxysmal or silent atrial fibrillation



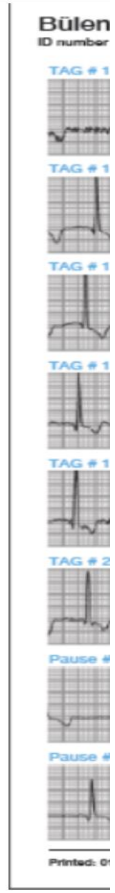
European Heart Journal - doi:10.1093/eurheartj/ehw210

Recommendations for screening for atrial fibrillation

Recommendations	Class[a]	Level[b]	Ref[c]
Opportunistic screening for AF is recommended by pulse taking or ECG rhythm strip in patients >65 years of age.	I	B	130, 134, 155
In patients with TIA or ischaemic stroke, screening for AF is recommended by short-term ECG recording followed by continuous ECG monitoring for at least 72 hours.	I	B	27, 127
It is recommended to interrogate pacemakers and ICDs on a regular basis for atrial high rate episodes (AHRE). Patients with AHRE should undergo further ECG monitoring to document AF before initiating AF therapy.	I	B	141, 156
In stroke patients, additional ECG monitoring by long-term non-invasive ECG monitors or implanted loop recorders should be considered to document silent atrial fibrillation.	IIa	B	18, 128
Systematic ECG screening may be considered to detect AF in patients aged >75 years, or those at high stroke risk.	IIb	B	130, 135, 157

AF = atrial fibrillation; AHRE = atrial high rate episodes; ECG = electrocardiogram; ICD = implantable cardioverter defibrillator; TIA = transient ischaemic attack.
[a]Class of recommendation.

	Beko CareMe	ZIO® XT	Zephry Biopatch HP	Holter monitor
Manufacturer	Arçelik A.Ş	iRhythm Technologies, Inc.	Medtronic	Variable
Battery Charge Duration	5-7 days	14 days	24 h	24-72 h
Method of application	Multiple usage with adhesive ECG electrodes	Timed adhesive	Multiple usage with adhesive ECG electrodes	Multiple detachable leads and adhesive pads
Number of ECG channel(s)	1	1	1	Multiple (typically, 3 and up to 12)
ECG resolution (bits)	24	10	12	Variable
ECG sample rate (Hz)	250-500	200	250	Variable
Symptom trigger	Yes	Yes	No	Yes
Water resistant	Yes	Yes	No	No
Data transmission or upload mechanism	Real time or self-data transmission to cloud	Mail-in return of device for data retrieval	Real time or log data download with specialized software tools	In house data download in clinic
Preliminary data processing, management, and reporting	Automatic cloud computing	Medicare certified independent diagnostic testing facility, certified technician		Clinic/Hospital-based technician
Weight (g)	14	34	33	Variable (average 100-150, min. 62)
Dimensions (mm)	62x22.5x8.45	123x53x10.7	28x28x7	100x60x25 (average)
Associated components	Battery charger, ECG	None	Battery charger, ECG electrodes	Leads, recorder, straps



Antikoagülan ilaç seçimi

KLİNİK FAKTÖRLER

Karaciğer ve böbrek fonksiyonları

NOAC çalışmalarına alınmayan gruplar :Gebe ve süt veren anneler, ciddi HT (SKB> 180mmHg DKB >100mmHg,çocuklar, yeni inme geçirenler (7-14 gün), birden fazla kronik hastalığı bulunanlar, mitral darlığı, mekanik kalp kapağı bulunanlar, düzeltilebilir AF nedenleri

Bioprotez kapak bulunuşu

İlaç etkileşimi

Hastanın kooperasyonu

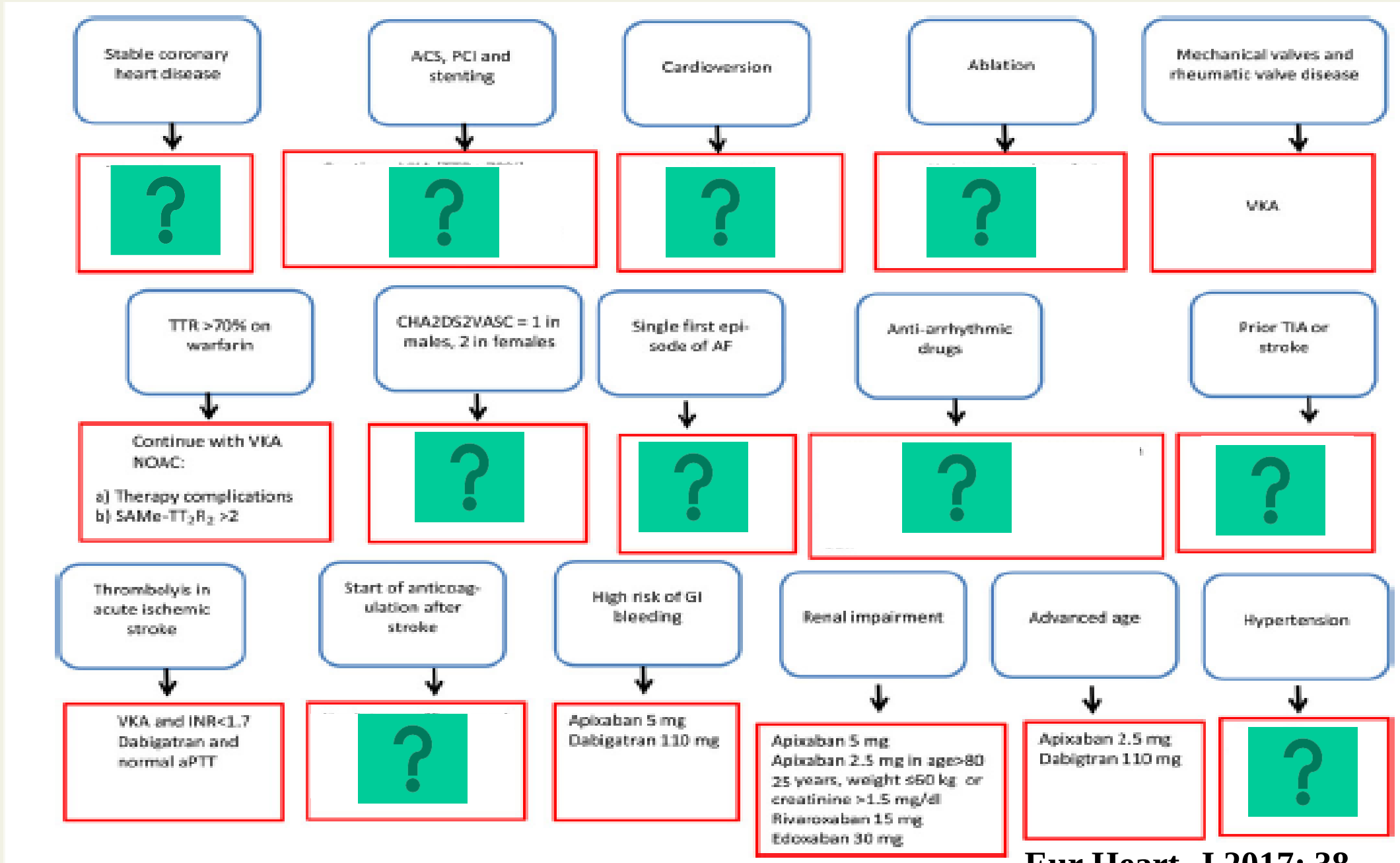
Hemodiyaliz uygulanması

Gastrointestinal sistem fonksiyonları

Cerrahi uygulamalar veya kardiyak girişimsel işlem sırasında ilaç kesimi ve geçiş tedavisi

KLİNİSYEN VE HASTANIN TERCİHİ

MALİYET -YARAR İLŞKİSİ



Eur Heart J 2017; 38

Early non-persistence with dabigatran and rivaroxaban in patients with atrial fibrillation

Cynthia A Jackevicius,[1,2,3,4,5] Meytal Agvil Tsadok,[6] Vidal Essebag,[7] Clare Atzema,[2,8] Mark J Eisenberg,[6,9] Jack V Tu,[2,3,10] Lingyun Lu,[1,4] Elham Rahme,[6] P Michael Ho,[11,12] Mintu Turakhia,[13,14] Karin H Humphries,[15] Hassan Behlouli,[6] Limei Zhou,[2] Louise Pilote[6,16]

İlaç	Hasta sayısı	Takip süresi	İlacın devamlı kullanmayanların oranı
Dabigatran	**15 857**	**6 ay**	**%36.4**
Rivaroxaban	**10 119**	**6 ay**	**%31.9**

Bu grupda STROKE/ TIA/DEATH anlamlı derecede yüksektir

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Oral Antikoagülanların Düzenli Kullanılmasının Sağlanması İçin Atılabilecek Adımlar

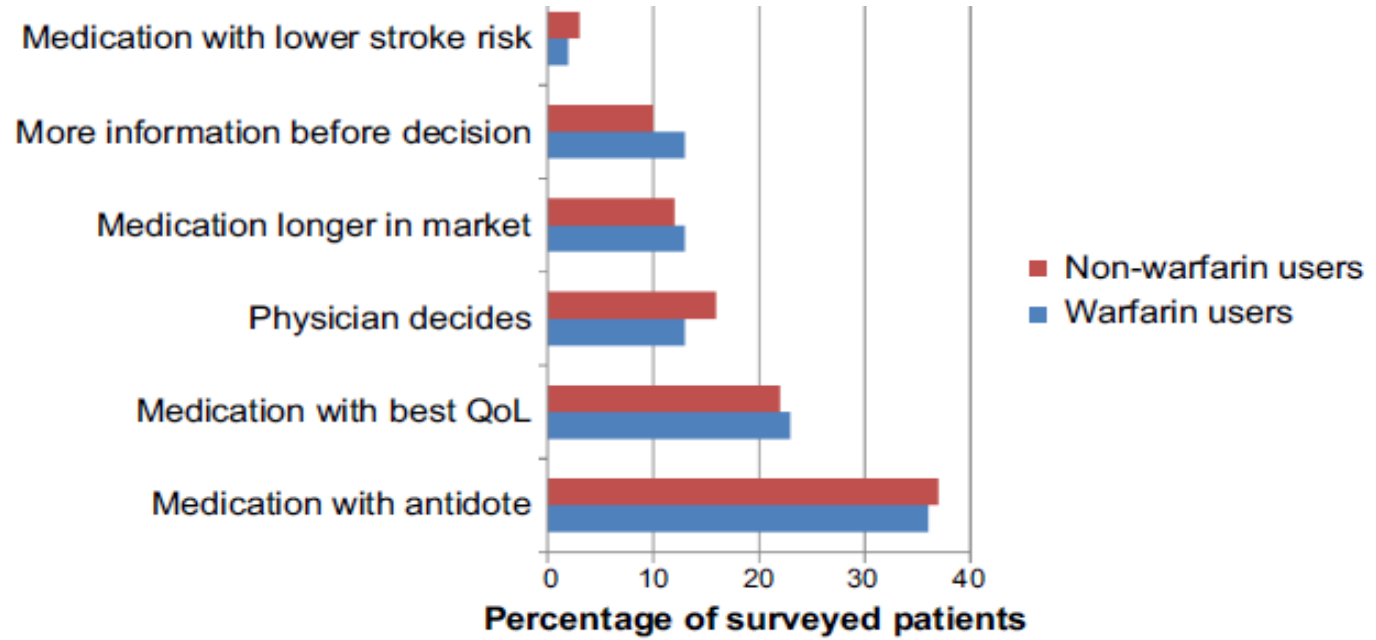
- Tedavi süresi ve ilacı nasıl kullanacağı konusunda bilgilendirme
- Günlük ilaç dozunun alınması unutulduğunda veya fazla doz alındığında nasıl davranılması gerektiğinin açıklanması
- İlacın düzenli kullanılmasının öneminin anlatılması
- Herhangi bir kanama da ne yapılacağının açıklanması

Patient values and preferences when choosing anticoagulants

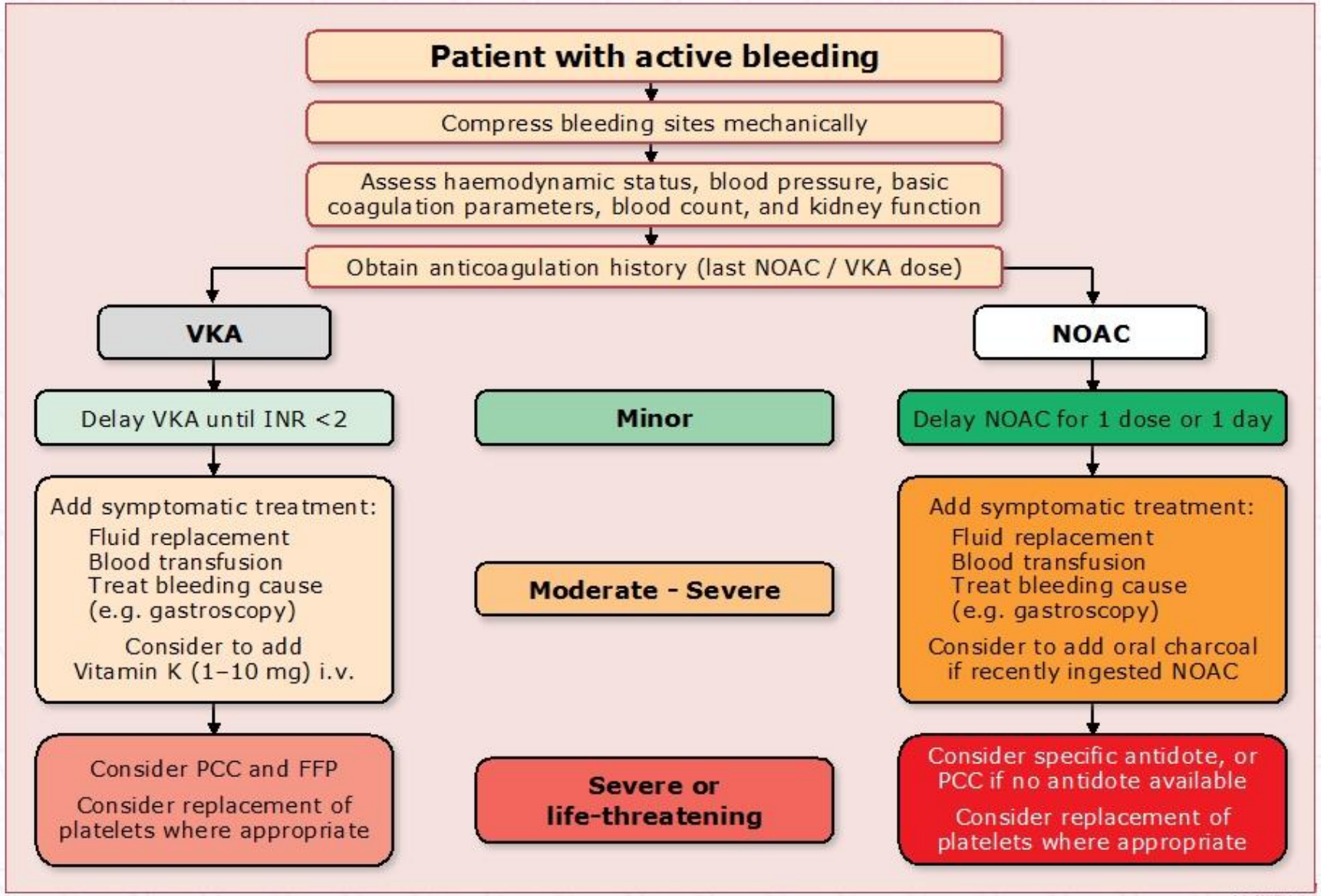
This article was published in the following Dove Press journal:
Patient Preference and Adherence
22 January 2015
Number of times this article has been viewed

Ana M Palacio[1–3]
Irene Kirolos[2,3]
Leonardo Tamariz[1–3]

Background: New oral anticoagulants have similar efficacy and lower bleeding rates compared with warfarin. However, in case of bleeding there is no specific antidote to reverse their effects. We evaluated the preferences and values of anticoagulants of patients at risk of atrial fibrillation and those who have already made a decision regarding anticoagulation.



Management of bleeding in anticoagulated AF patients



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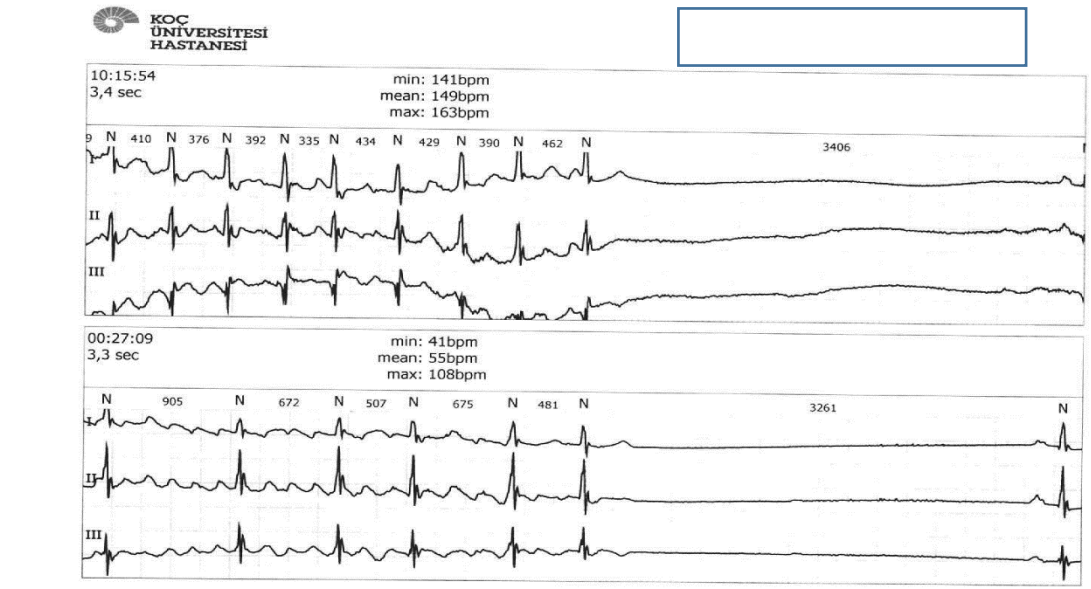
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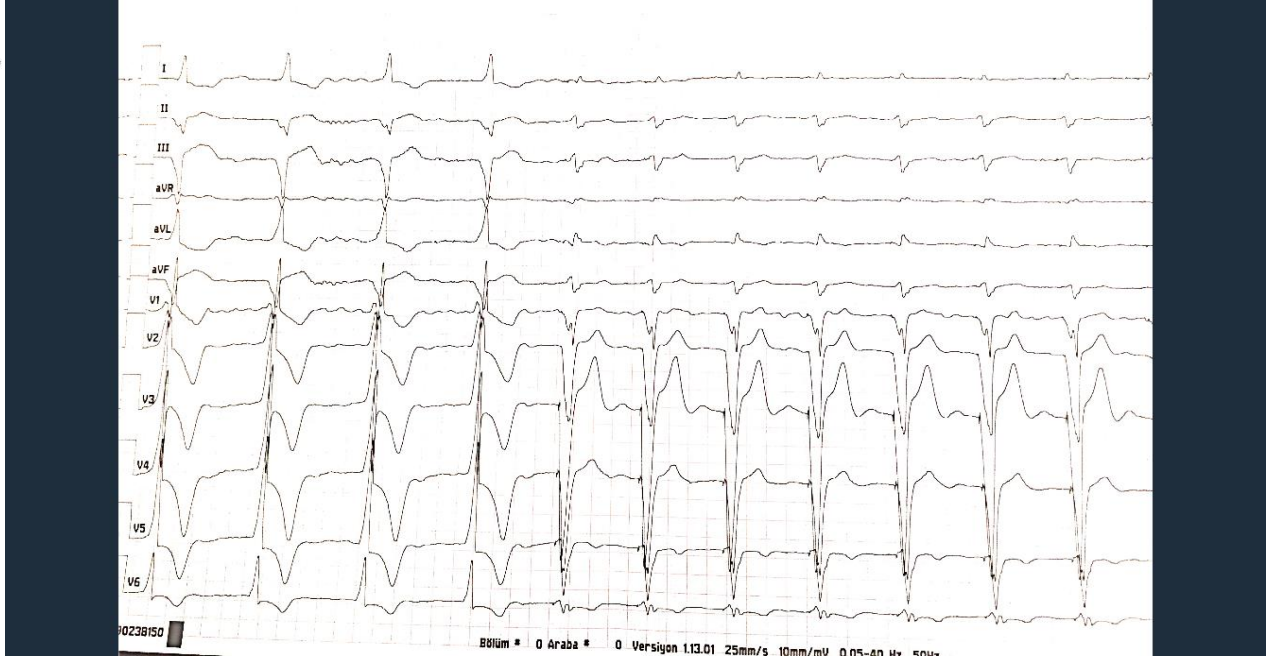
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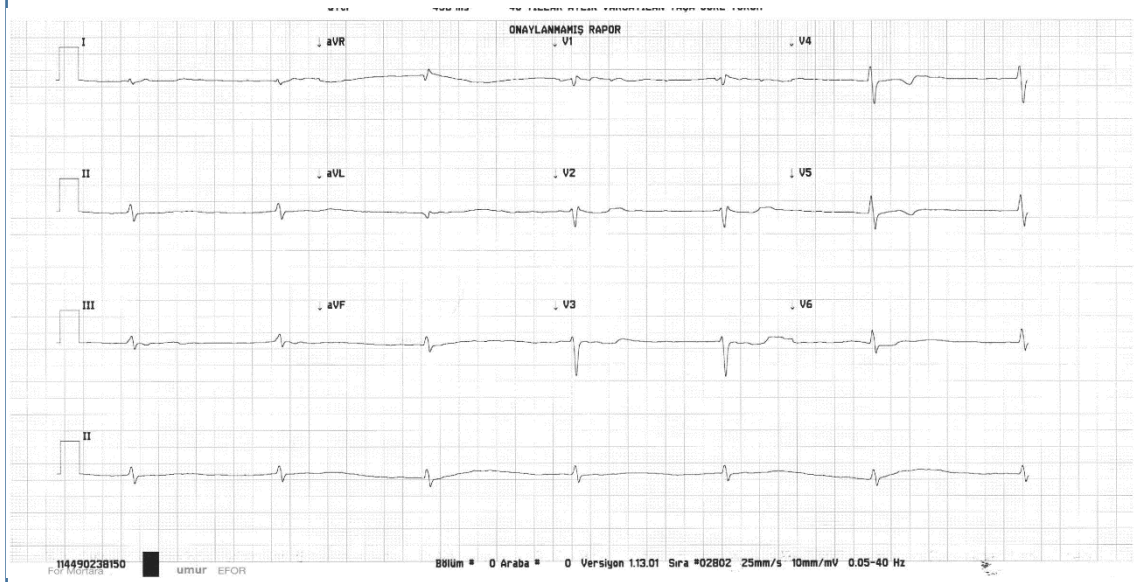
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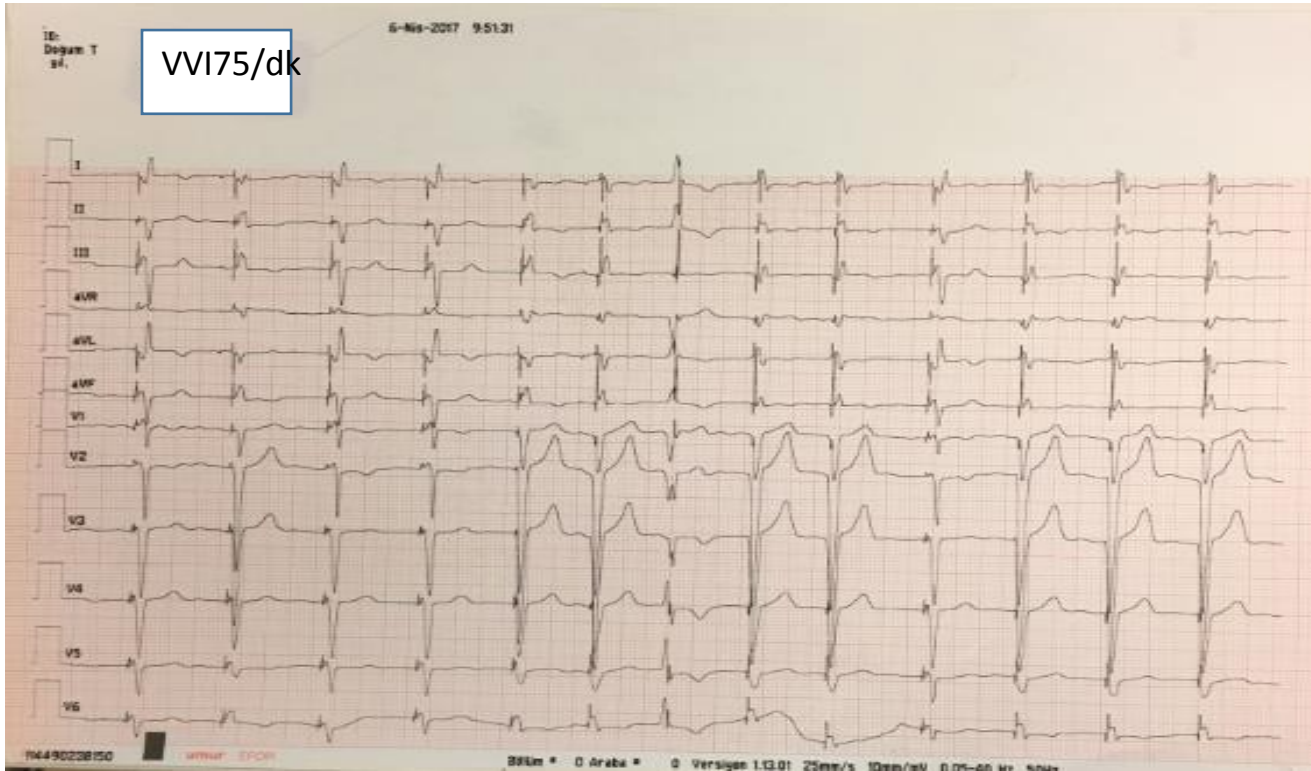
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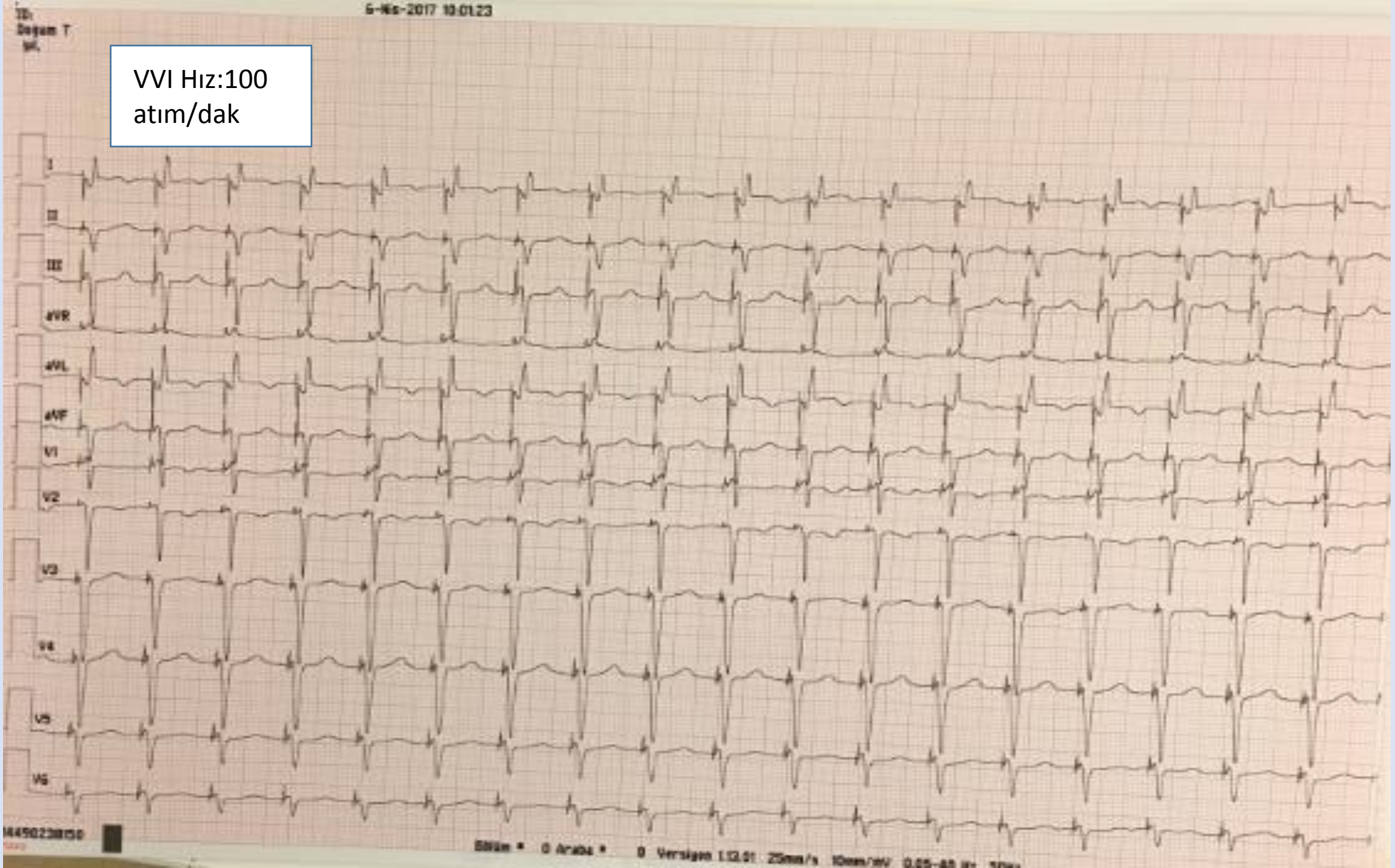
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Indication for CRT in patients with permanent AF

Recommendations	Class	Level
1) Patients with HF, wide QRS and reduced LVEF: **1a)** should be considered in chronic HF patients, intrinsic QRS ≥120 ms and LVEF ≤35% who remain in NYHA functional class III and ambulatory IV despite adequate medical treatment (*), provided that a biventricular pacing as close to 100% as possible can be achieved.	IIa	B
1b) AV junction ablation should be added in case of incomplete biventricular pacing.	IIa	B
2) Patients with uncontrolled heart rate who are candidates for AV junction ablation. CRT should be considered in patients with reduced LVEF who are candidates for AV junction ablation for rate control.	IIa	B

www.escardio.org/guidelines

European Heart Journal 2013;34:2281-2329
Europace 2013;15:1070–1118

EUROPEAN SOCIETY OF CARDIOLOGY®

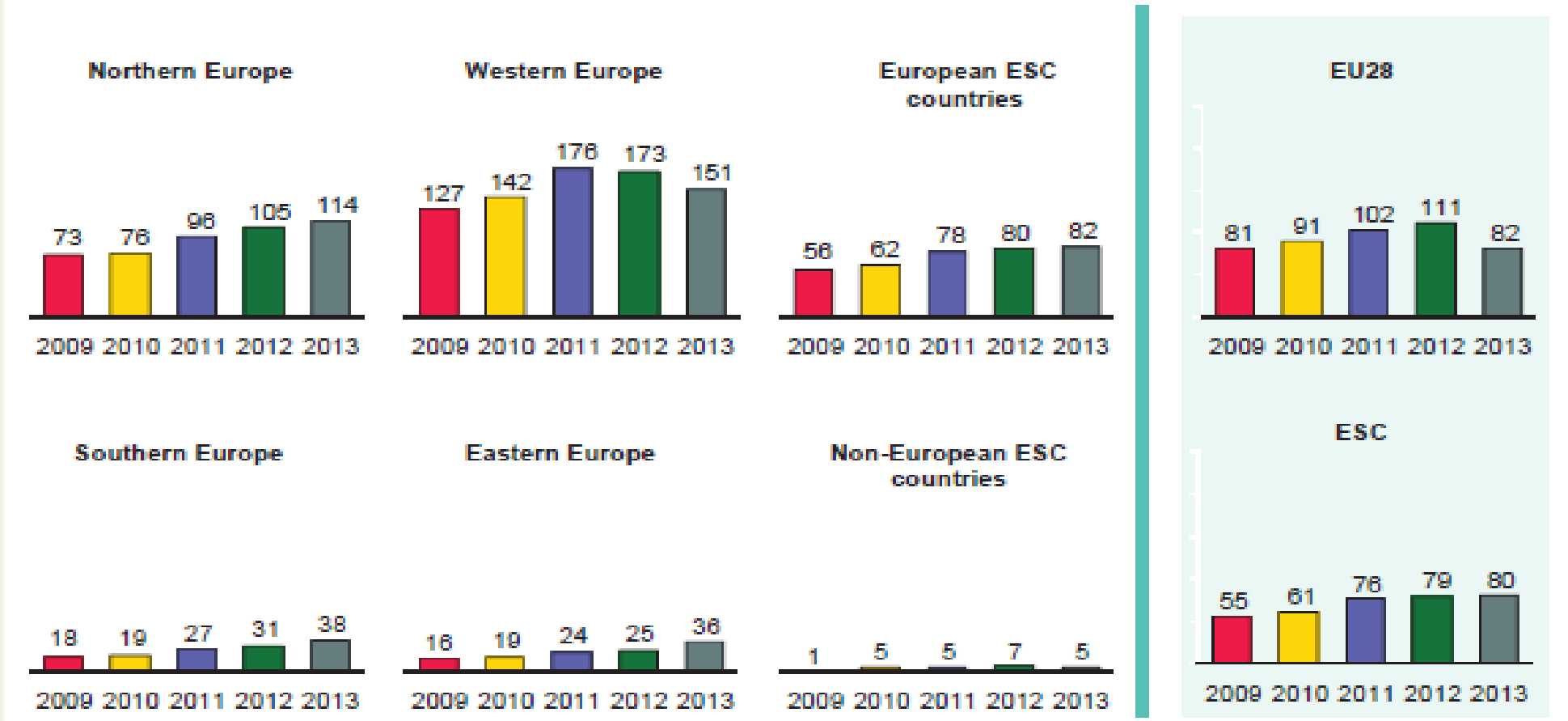

Figure 70 Atrial fibrillation (AF) ablations per million inhabitants 2009–2013 in the five geographical regions of the European Society of Cardiology (ESC) and comparison to the total ESC area and the 28 member countries of the European Union (EU28).

Europace (2015) **17**, i1–i75
doi:10.1093/europace/euu300

ORIGINAL ARTICLE

Statistics on the use of cardiac electronic devices and electrophysiological procedures in the European Society of Cardiology countries: 2014 report from the European Heart Rhythm Association

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Statistics on the use of cardiac electronic devices and electrophysiological procedures in the European Society of Cardiology countries: 2014 report from the European Heart Rhythm Association

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Table 16 Continued

Country	ISO code	AF Ablation procedures 2013		Development potential—target number of AF ablation procedures ...		AF Ablation procedures per mil inhabitants				
		Absolute number	Per mil inhabitants	To attain mean ESC area level	To attain mean EU-28 level	2009	2010	2011	2012	2013
Slovenia	SI	165	83	–	175	46	44	59	55	83
Spain	ES	2201	46	2662	4151	22	N/A	31	33	46
Sweden	SE	1727	179	–	–	97	122	157	178	179
Switzerland	CH	1469	184	–	–	156	165	209	193	184
Syria[a]	SY	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Tunisia[a]	TN	N/A	N/A	N/A	N/A	2	2	2	3	N/A
Turkey[a]	TR	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Ukraine	UA	680	15	2659	3906	N/A	N/A	11	14	15
United Kingdom	GB	5408	85	–	5555	62	60	74	80	85

TEŞEKKÜR EDERİM

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LIZBON