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Conference 2016

**MEXICO CITY**  
OCTOBER 7 – 8, 2016

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  - No financial discloser (with manufacturers of commercial products and/or providers of commercial services for this speech).



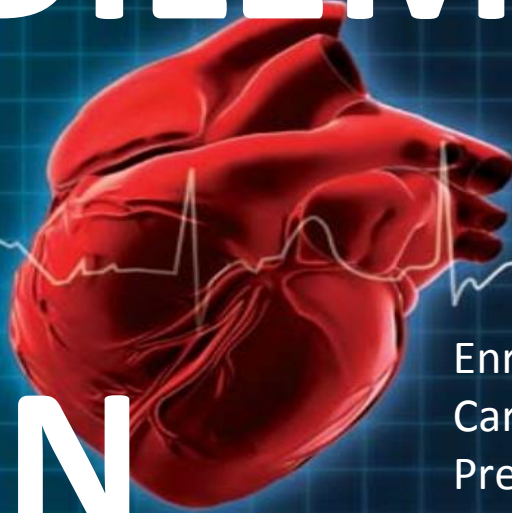
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CLINICAL PRACTICE GUIDELINES

# DILEMMAS

# IN

**ATRIAL FIBRILLATION**  
**2012**



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President Colombian Society of Cardiology.  
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Emeritus President Pan-American College of Endothelyum  
Editor in Chief Revista MED Nueva Granada University  
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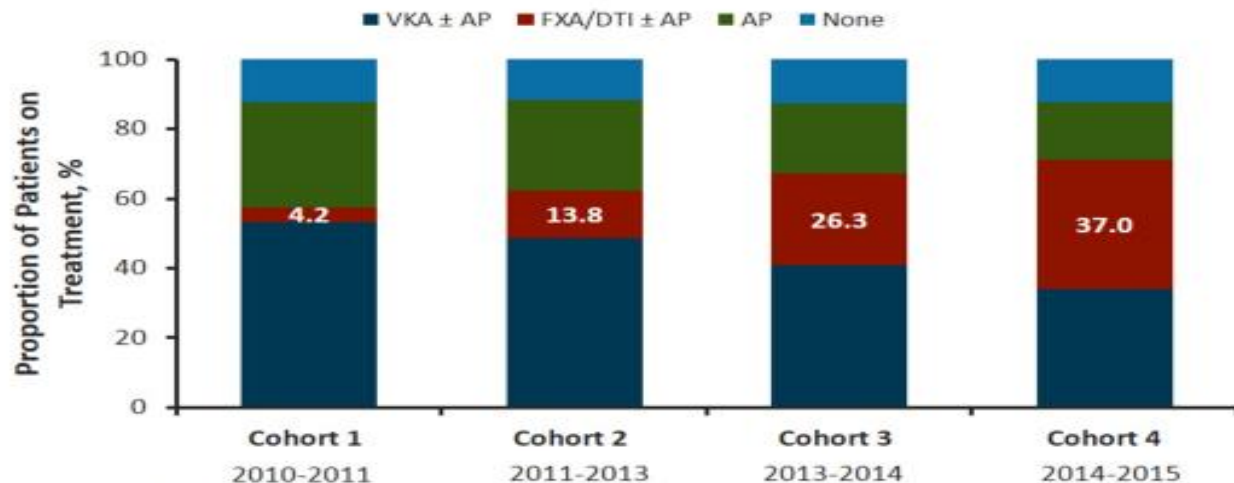
# ***Dilemmas in AF 2016***

- There is evidence of underuse of anticoagulants for AF.



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## Evolution in Baseline Treatment for Patients Enrolled in Sequential Cohorts of GARFIELD-AF



Cohorts 1 to 4; N = 39,670.

TRI website; Kakkar AK. ESC 2015. FP 389.



# ***Dilemmas in AF 2016***

- There is evidence of underuse of anticoagulants for AF.
- Inconsistent approach to cardiovascular risk factors
- Inadequate treatment for concomitant comorbidities.
- In Real Life studies, DOAC are used in sub-therapeutic dosis
- Used for prevent bleeding complications than to prevent tromboembolism.

## **Fear to anticoagulation persist!**



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THROMBOSIS vs BLEEDING

CHA2DS2-VASC **and** HASBLED



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# What means “Non valvular Atrial Fibrillation?”

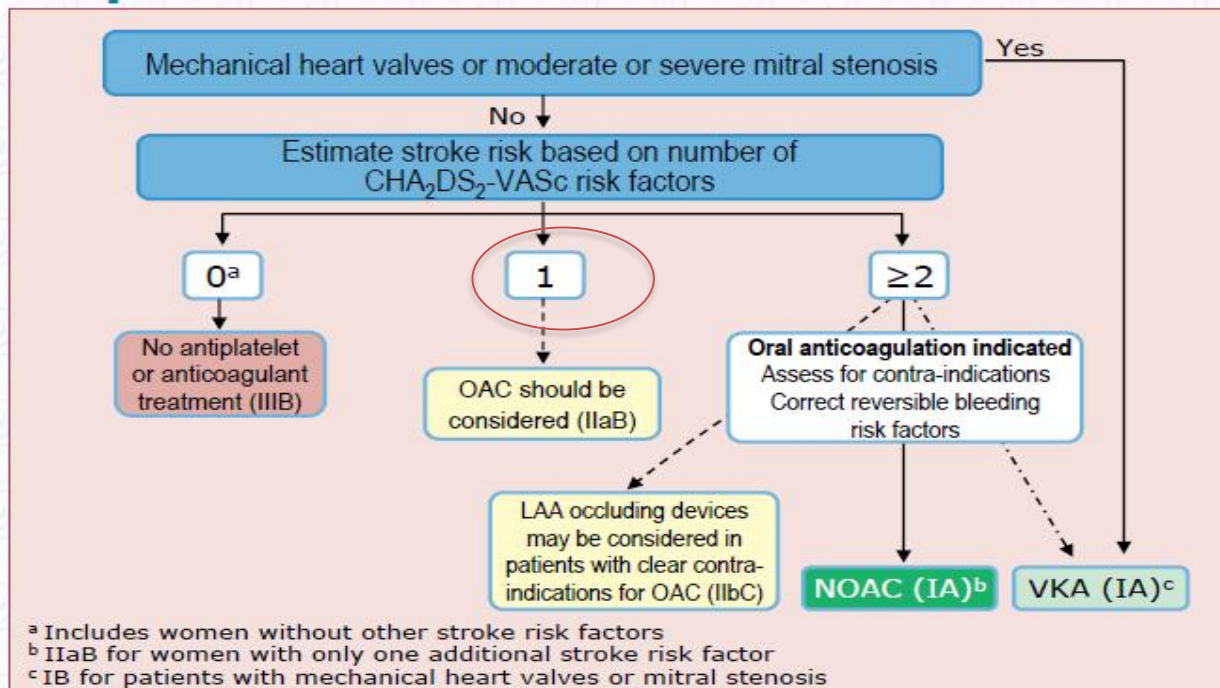
- Valvular AF refers to AF that occurs in the presence of mechanical prosthetic heart valves or moderate to severe mitral stenosis (usually of rheumatic origin).
- These patients were excluded from NOACs trials.
- Other types of valvulopathies can be included
- ( Severe Aortic Stenosis?)



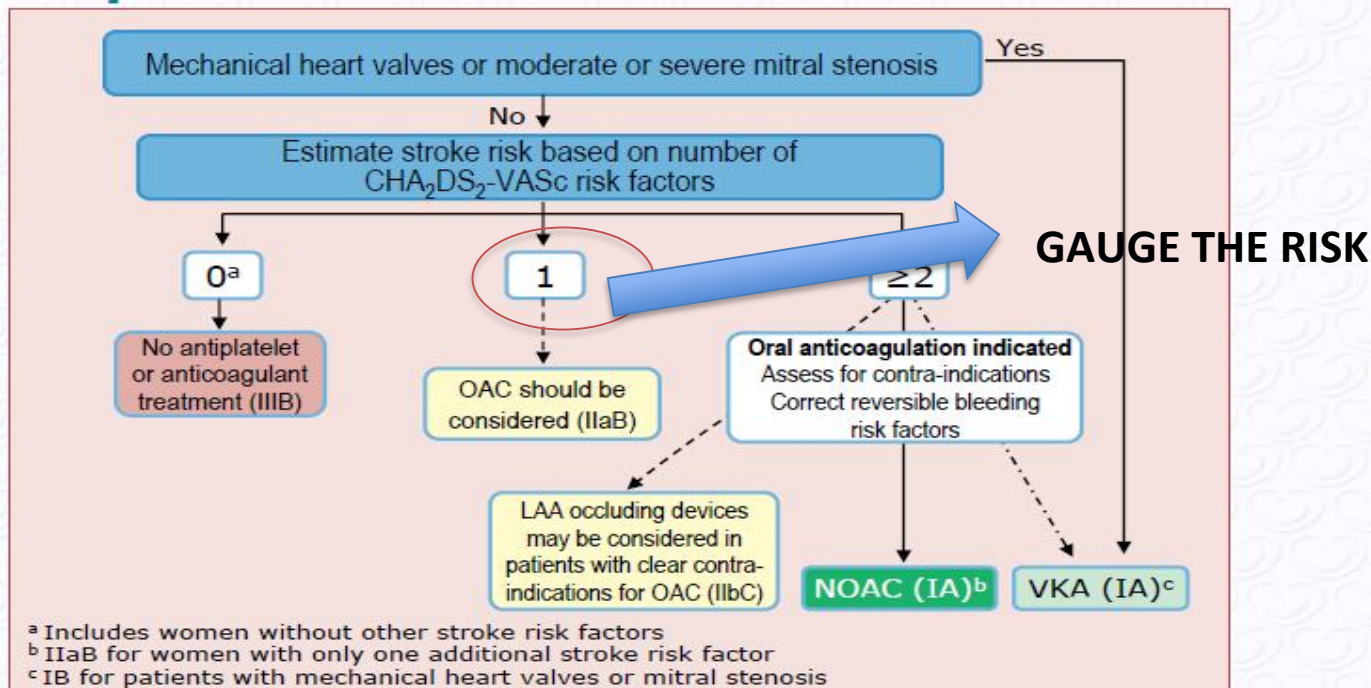


	Eligible	Contra-indicated
Mechanical prosthetic valve		✓
Moderate to severe mitral stenosis (usually of rheumatic origin)		✓
Mild to moderate other native valvular disease	✓	
Severe aortic stenosis	✓ Limited data. Most will undergo intervention	
Bioprosthetic valve <sup>a</sup>	✓ (except for the first 3 months post-operatively)	
Mitral valve repair <sup>a</sup>	✓ (except for the first 3–6 months post-operatively)	
PTAV and TAVI	✓ (but no prospective data; may require combination with single or double antiplatelets: consider bleeding risk)	
Hypertrophic cardiomyopathy	✓ (but no prospective data)	

# Stroke prevention in atrial fibrillation



# Stroke prevention in atrial fibrillation



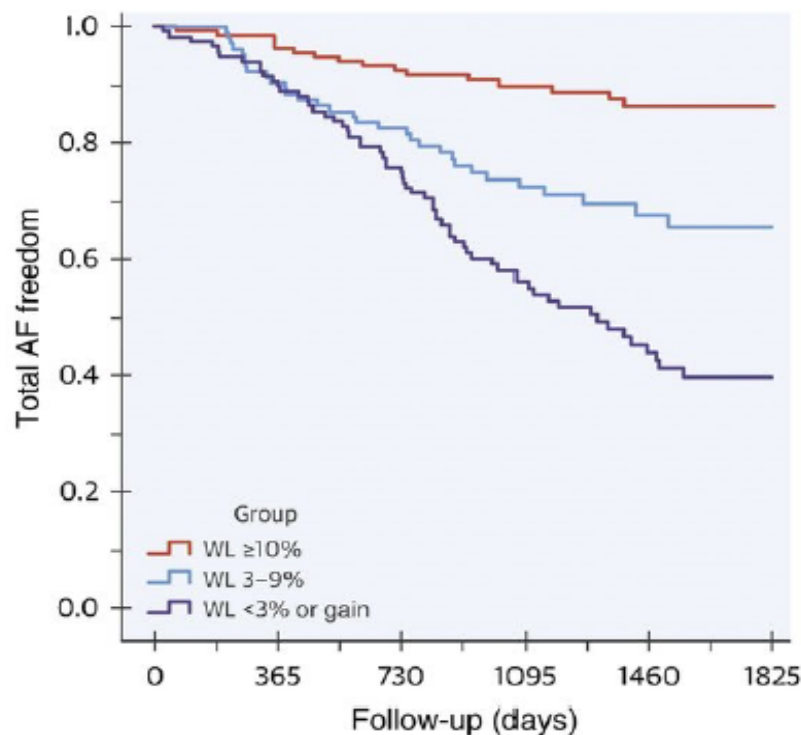
## Conditions that are independently associated with atrial fibrillation

Comorbidity	Association with AF
<b>Chronic kidney disease</b>	OR:
None	1.00 (reference)
Stage 1 or 2	2.67 (95% CI 2.04–3.48)
Stage 3	1.68 (95% CI 1.26–2.24)
Stage 4 or 5	3.52 (95% CI 1.73–7.15)

## Assessment of kidney function in atrial fibrillation

Recommendations	Class	Level
The assessment of kidney function by serum creatinine or creatinine clearance is recommended in all AF patients to detect kidney disease and to support correct dosing of AF therapy.	I	A
All AF patients treated with oral anticoagulation should be considered for at least yearly renal function evaluation to detect chronic kidney disease.	IIa	B

# Benefits of Weight Loss, Fitness, and Intensive Risk Factors Management in AF



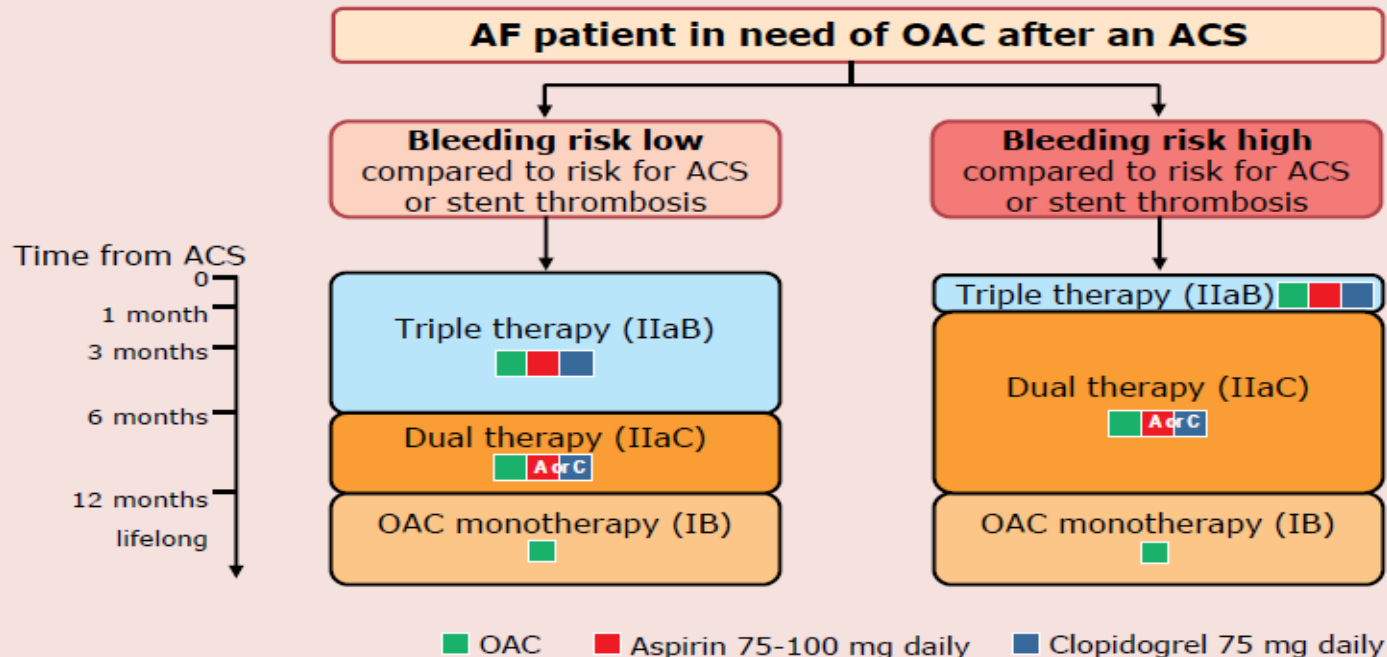
Pathak et al. *J Am Coll Cardiol* 2015

**LEGACY** - Sustained weight loss in obese patients with symptomatic AF is associated with:

1. A dose-dependent effect on long-term freedom from AF (6-fold)
2. A reduction in LA volume and LVH
3. Lower BP & lipids
4. Improved glycaemic control
5. A reduction in *hsCRP*

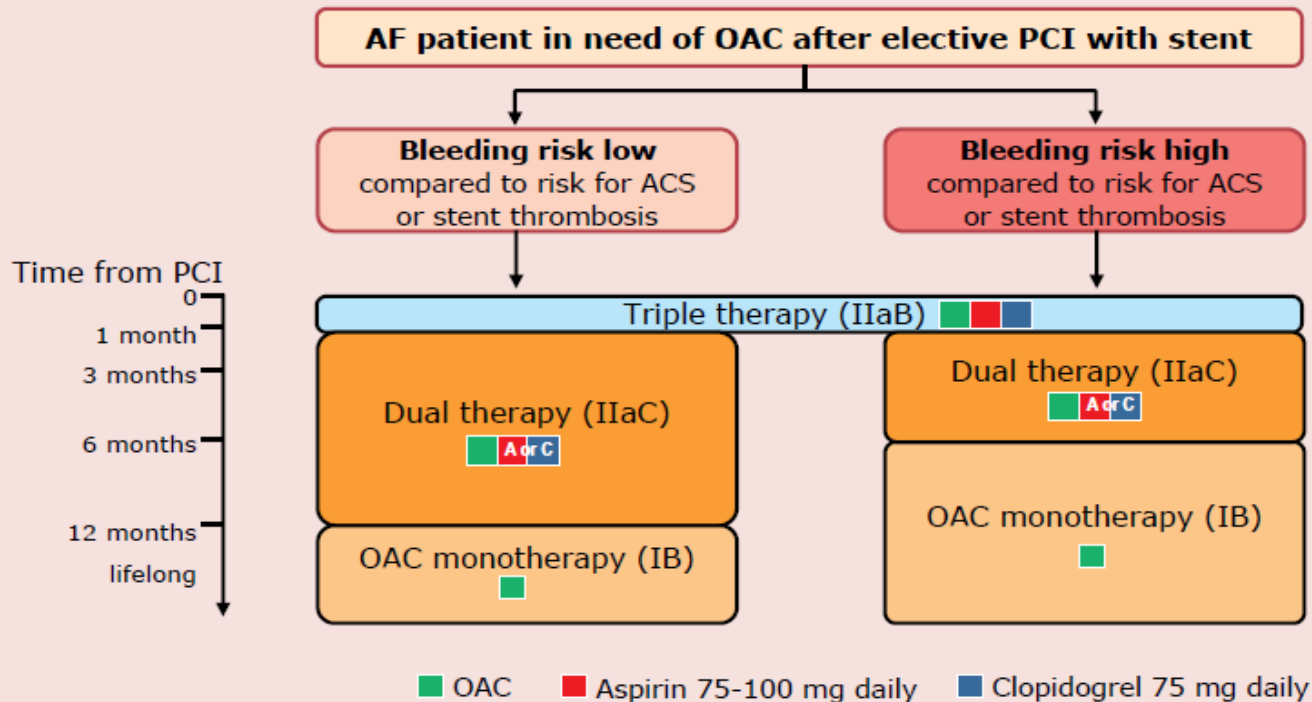


# Antithrombotic therapy after an acute coronary syndrome in atrial fibrillation patients requiring anticoagulation

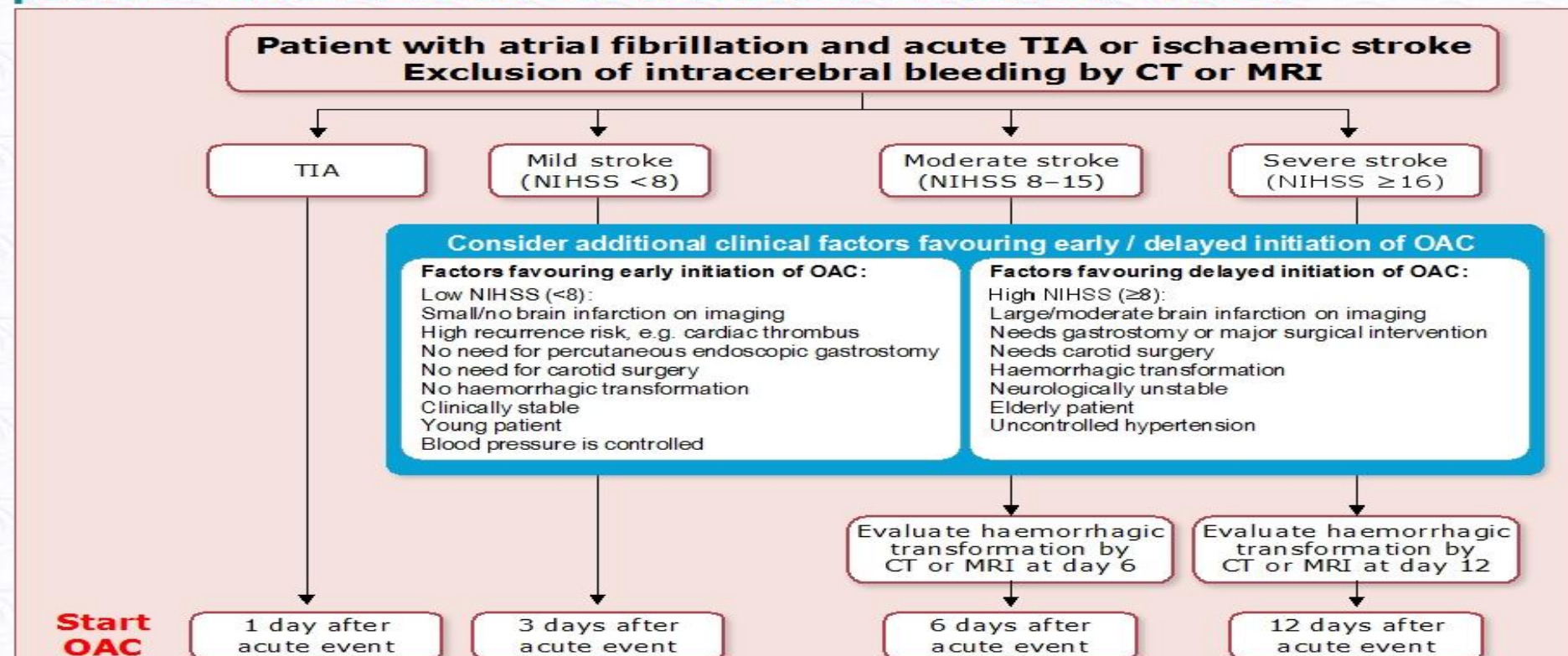




# Antithrombotic therapy after elective percutaneous intervention in atrial fibrillation patients requiring anticoagulation



# Initiation or continuation of anticoagulation in atrial fibrillation patients after a stroke or transient ischaemic attack

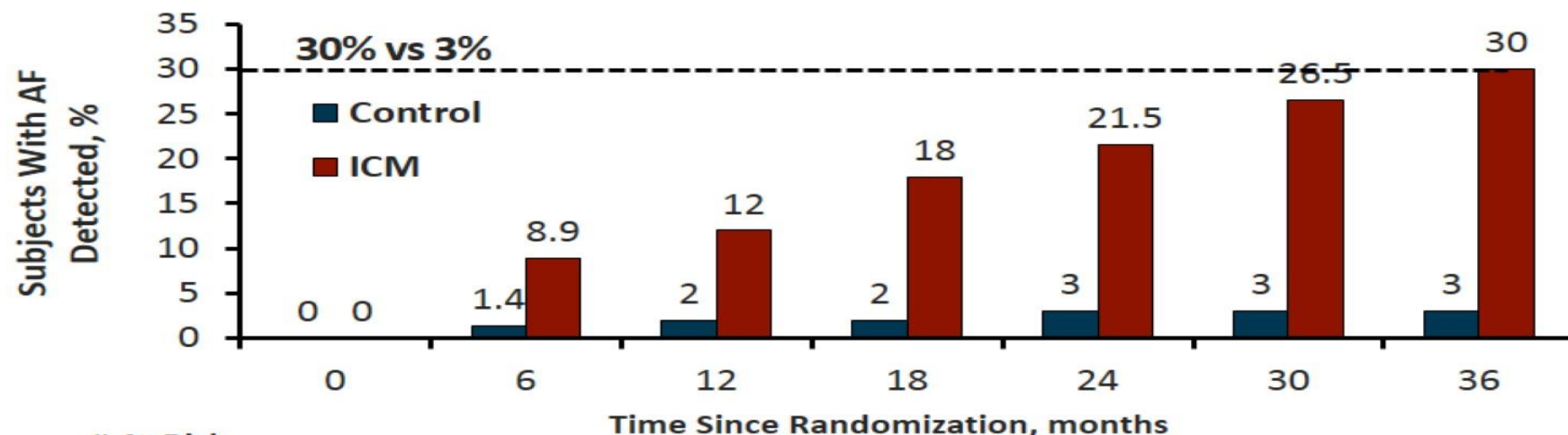


This approach is based on consensus within the Task Force, not on evidence.

NIHSS = National Institutes of Health Stroke Scale

# Cryptogenic Stroke and Underlying AF

## *Continuous Monitoring for 36 months*



# At Risk

Control	220	194	167	114	72	36	7
ICM	221	191	173	102	57	29	8

Hazard Ratio (95% CI) = 8.78 (3.47-22.19)  
log-rank  $P < .001$

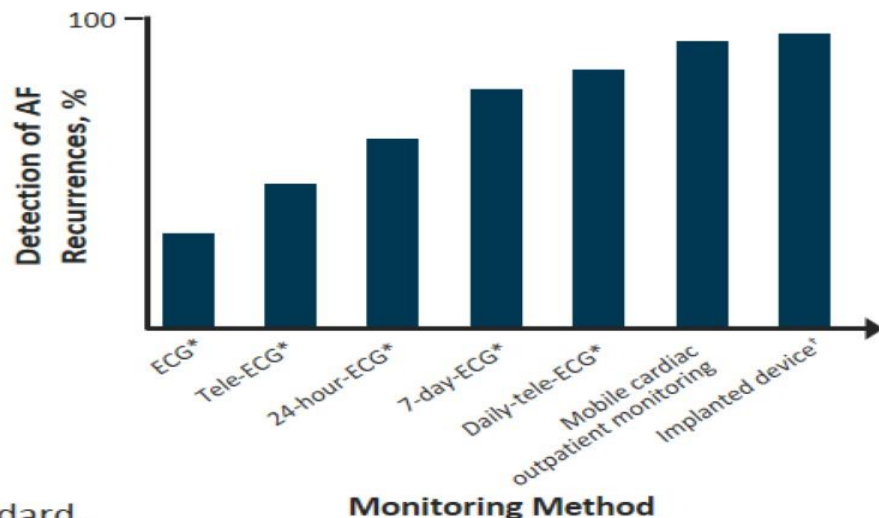
Estimated rate of detection in ICM arm was 30% vs 3% in control arm

ICM = insertable cardiac monitor

Sanna T, et al. *N Engl J Med*. 2014;370;2478-2486.<sup>[30]</sup>

# Different Monitoring Methods to Detect AF

- AHREs are associated with a 2- or 3-fold increased risk for stroke, and a 6-fold increased risk of developing AF



\*During 3-month follow-up.

†As the theoretical gold standard.

**The more you look the more you find!**



# IN CASE OF DILEMMAS:TAKE DECISION...BUT ON TIME!



Do it!.

Don't let time take away your possibility of decision!

*Dr. House.*



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