ACC Latin America Conference 2017

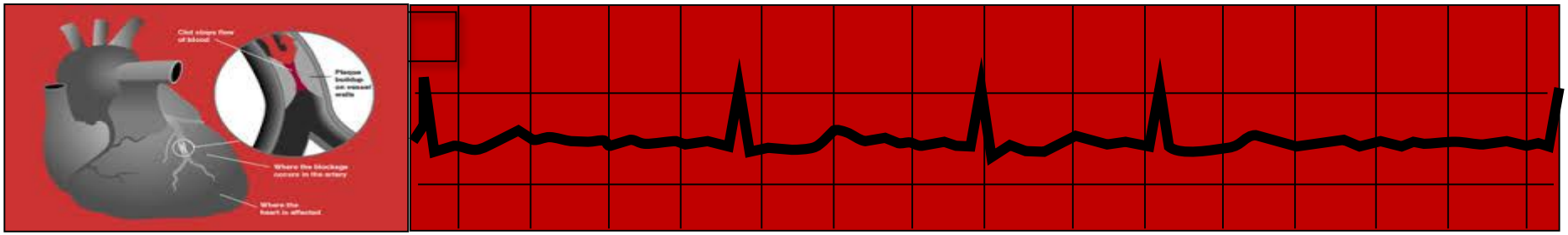
MEXICO CITY

JUNE 22 – 24, 2017

GLOBAL EXPERTS, LOCAL LEARNING

ACC Latin America Conference 2017

Arrhythmias and EP
Contemporary Management and Anticoagulant Therapy



Iván Mendoza, MD, FACC, MSc, MS

Tropical Cardiology Working Group, Venezuela
Co-Chair Joint Committee Task Force SVC_ACC on Arbovirus and Heart disease

@mencardio

Conflict of interest

Nothing To Declare

Imagine if **YOU** have asymptomatic permanent AF with a CHA_2DS_2-VASc: (male 0 or female 1)

Which **ANTITHROMBOTIC** would you take??

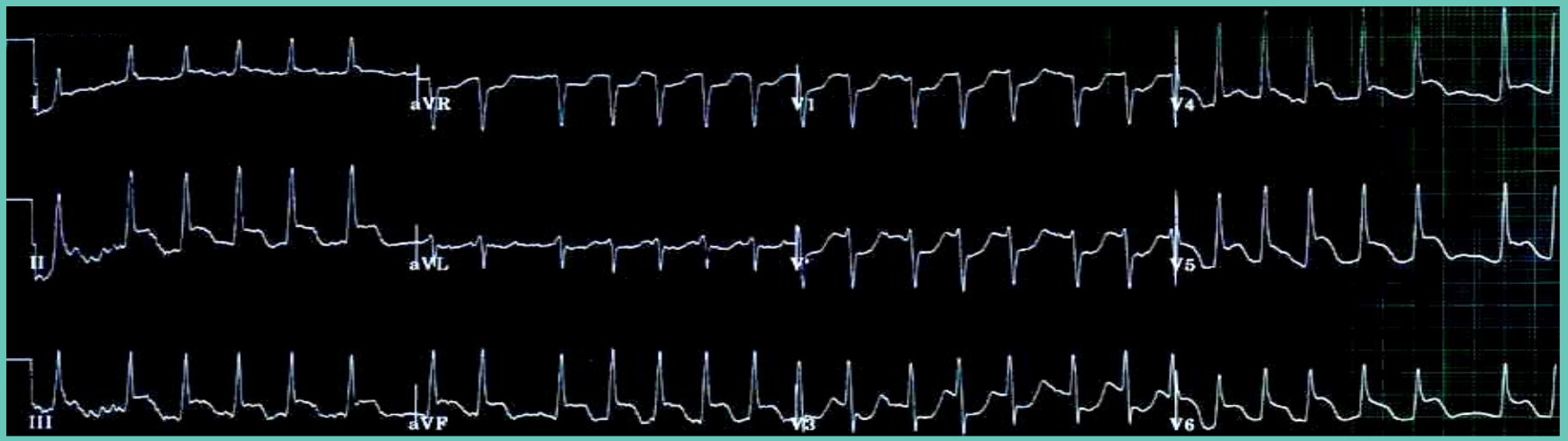
- Nothing
- NOAC
- Warfarin
- Aspirin
- None of them

AF_ACS

ACC Latin America Conference 2017

Clinical Case

65-year-old-male with new onset (<2h) chest pain, palpitations, dyspnea. BP 92/78mmHg



Which one is your next step

- ❑ Urgent catheterization and intervention
- ❑ Urgent electrical cardioversion
- ❑ Rate control with Beta-blockers, initiate anticoagulation
- ❑ Transesophageal echocardiogram
- ❑ None of them

DISCUSSION

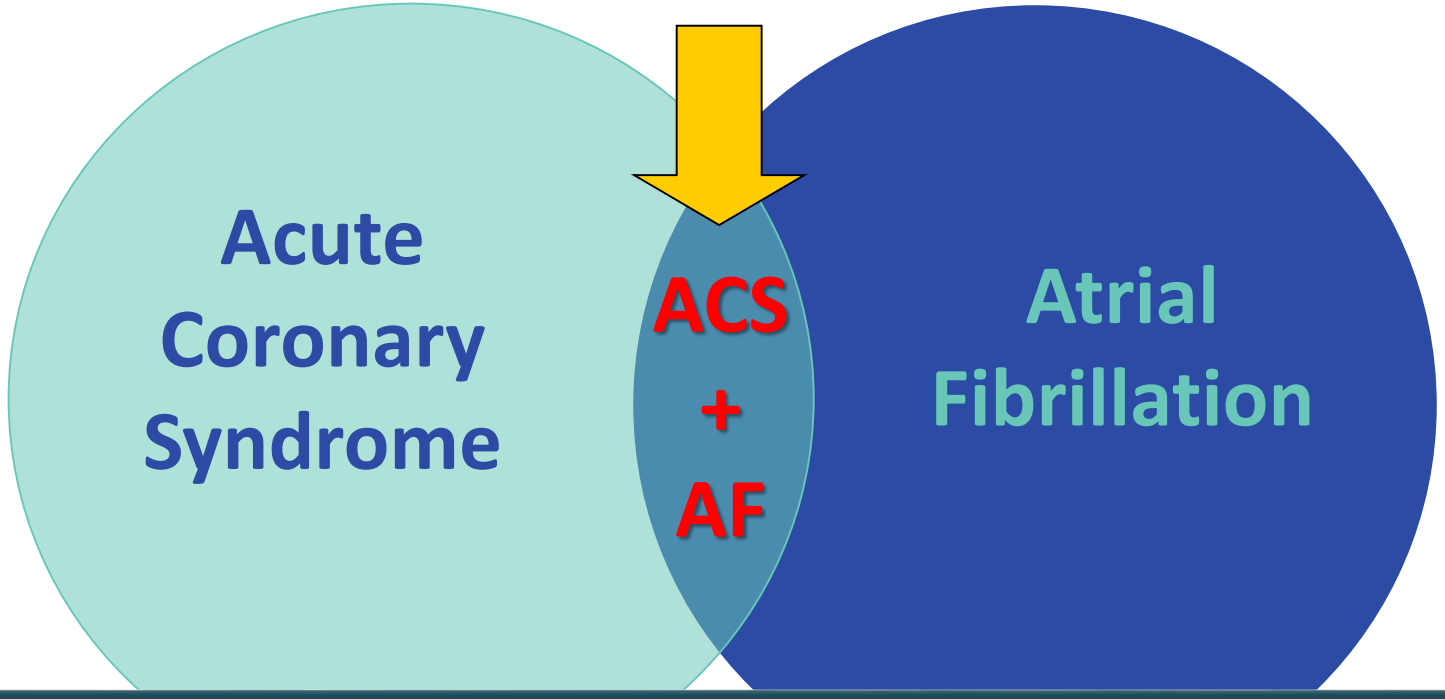
ACC Latin America Conference 2017

Which of the following is correct?

- Every patient with AF_ACS has an indication to receive anticoagulants unless there is a contraindication
- Developing AF during an ACS increases by 5 the in hospital mortality vs no AF
- Dual therapy anticoagulants + antiplatelet increase the bleeding risk
- All of the above

Incidence

~2-21% of SCA patients [1,2]



ACS + AF = 5 x more in hospital mortality

1.Schmitt et al. Eur Heart J 2009; 30: 1038-1045;
2. Hersi et al. Angiology 2012; 63: 466-471

IN practice …..what to do?

1. Personalize antithrombotic therapy according to:

- ❑ Stroke risk (CHA_2DS_2-VASc)
- ❑ Bleeding risk (HAS BLED)
- ❑ Clinical setting (ACS vs elective)
- ❑ Stent type (DES vs BMS
- ❑ Time from PCI/ACS

IN practice …..what to do?

2. Prefer

- The lower teste dose for stroke prevention in AF (that is, Dabigatran 110mg BID, Rivaroxaban 15mg OD, or Apixaban 2.5mg BID) to minimize the risk of bleeding
- Clopidrogel instead of the more potent ticagrelor and prasugrel
- New generation DES (or BMS) over first generation DES
- Use of radial approach, thus minimizing the risk of access site bleeding

Treating AF with Concomitant ACS Is a Balancing Act

ACC Latin America Conference 2017

Thromboembolic risk

Patients with ACS and AF are at risk of both a second myocardial infarction[1] and a stroke[2]

Bleeding risk

Risk of bleeding increases with the number of antithrombotic agents[3]

1. Clessen BE *et al*, *Neth Heart J* 2015;23:477–482; 2. Wolf P *et al*, *Stroke* 1991;21:983–988;
3. Lamberts M *et al*, *Circulation* 2012;126:1185–1193

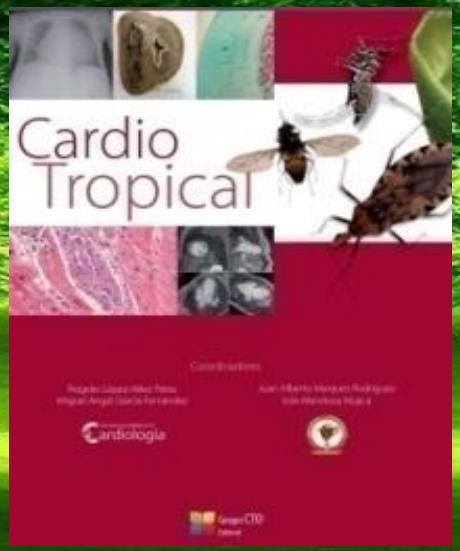
Even in the controlled setting of a clinical trial, warfarin management is not ideal. According to the **ORBIT-AF** registry, if patients had 100% of their international normalized ratios (INRs) in therapeutic range at 6 months, what proportion of them would have INRs well outside therapeutic range (<1.5 or >4.0) over the next 12 months?

- ❑ < 5%
- ❑ 10 %
- ❑ 20 %
- ❑ > 30 %

Five Commandments, Guidelines for Management of AF

1. ECG screening and monitoring whenever AF might be suspected
2. Physician-patient relationship are critical in decision making
3. CHA_2DS_2-VASc score. With a score ≥ 2 in male and ≥ 1 in female patients, AC is clearly recommended, while in a score of 1 in males and 2 in females, AC should be considered.
4. Bleeding risks should be minimized, hypertension controlled, antiplatelet or NSAID therapy should be short duration, alcohol use moderated, and anemia treated and normalized.
5. Use perioperative oral beta-blockers for the prevention of postoperative AF, and restore SR by CV in postoperative AF.

Valentin Fuster. EHJ 2016



Thank you

@mencardio