

TO KNOW ABOUT THE CARDIOVASCULAR COMPLICATIONS IN WITH NON VALVULAR ATRIAL FIBRILLATION PATIENTS ON LONG TERM FOLLOW UP

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Abstract

Background & Method: This was an observational study of patients with nonvalvular atrial fibrillation conducted at Amaltas Institute of Medical Sciences, Dewas. All 50 patients presenting to the outpatient/inpatient services of Department of Medicine and Cardiology with a diagnosis of non valvular atrial fibrillation, either chronic or paroxysmal.

Result: During the course of study, 2 patients (2%) developed ischemic stroke, 12 (12%) patients were hospitalized for heart failure, 12 (12%) patients died and minor bleeding occurred in 3 (3%) patients while no patient had any major bleeding.

Conclusion: No major bleeding complication occurred during study period. However, three episodes of minor bleeding occurred giving an event rate 2% per year. All the minor bleeding episodes occurred in patients taking combined warfarin and antiplatelet.

Keywords: cardiovascular, non valvular atrial & fibrillation

Study Designed: Observational Study.

Introduction

Normal RR stretches are conceivable within the sight of AV square or impedance because of ventricular or junctional tachycardia. In patients with electronic pacemakers, finding of AF may require transitory restraint of the pacemaker to uncover atrial fibrillatory activity[1]. A fast, unpredictable, supported, wide-QRS-complex tachycardia emphatically recommends AF with conduction over an embellishment pathway or AF with fundamental group branch block. Very fast rates (more than 200 bpm) propose the presence of an adornment pathway[2].

Clinically, it is sensible to recognize five sorts of AF dependent on the introduction and span of the arrhythmia: first analyzed, paroxysmal, tenacious, long-standing determined, and perpetual AF[3].

Around 2.2 millions American individuals are experiencing AF. which happens more normally in men than in women. A background marked by congestive cardiovascular breakdown, valvular coronary illness, left atrial amplification, fundamental hypertension, progressed age are autonomously connected with pervasiveness of atrial fibrillation[4].

Material & Method

This was an observational study of patients with nonvalvular atrial fibrillation conducted at Amaltas Institute

of Medical Sciences, Dewas. All 50 patients presenting to the outpatient/inpatient services of Department of Medicine and Cardiology with a diagnosis of non valvular atrial fibrillation, either chronic or paroxysmal, during period Feb 2018 to Jan 2019 were included in the study and the patients were followed for outcome.

Inclusion criteria

The consenting patients having chronic or transient atrial fibrillation documented by 12 lead ECG on the day of screening or having evidence of atrial fibrillation documented by 12 lead ECG within preceding 6 months without significant mitral stenosis or prosthetic heart valve.

Exclusion criteria

- Patients with hemodynamically significant rheumatic valvular heart disease or prosthetic heart valve.
- Patients with arrhythmias other than atrial fibrillation, e.g. atrial flutter, atrial tachycardias.
- Patients with psychiatric illness and those under legal custody.
- Anticipated poor compliance with follow-up and any other factor that would jeopardize follow-up, e.g. remote residence.

Results

Table 1: Gender Distribution

Gender	
Male	32 (64)
Female	18 (36)

Table 2: Characteristics

Characteristics	No. (%)
Type of atrial fibrillation	
Paroxysmal	17 (34)
Persistent	20 (40)
Permanent	13 (26)

Table 3: Comparison of complications in patients with close follow up and usual follow up

Complications	Patients on close follow up		Patients on usual follow up		P value
Stroke	0(0%)	2(8%)	0(0%)	1(2.9%)	Not Significant
Minor Bleeding	0(0%)	3(12%)	0(0%)	0(0%)	
Major bleeding	0(0%)	0(0%)	0(0%)	0(0%)	
Heart failure	0(0%)	6(24%)	1(2.8%)	5(14%)	
Death	0(0%)	3(12%)	2(5.7%)	7(20%)	

During the course of study, 2 patients (2%) developed ischemic stroke, 12 (12%) patients were hospitalized for heart failure, 12 (12%) patients died and minor bleeding occurred in 3 (3%) patients while no patient had any major bleeding.

Discussion

Patients may give gripes of palpitation, dyspnoea, weakened exercise resistance and indications from cardiovascular disappointment and syncopal assault and chest torment. Polyuria might be related with the arrival of atrial natriuretic peptide, especially as scenes of AF start or terminate[5]. Genuine clinical weakening may follow when AF confuse previous cardiovascular sicknesses.

Patients may follow an asymptomatic time of obscure span and may give thromboembolic entanglements or hemodynamic insecurity because of fast ventricular rate for the first time[6]. Wandering ECG chronicles and gadget based observing have uncovered that an individual may encounter times of both indicative and asymptomatic AF[7].

Syncope is an exceptional confusion of AF that can happen upon cardioversion in patients with sinus hub brokenness or due to fast ventricular rates in patients with HCM, in patients with valvular aortic stenosis, or when a frill pathway is present[8].

In our investigation half patients were female. The higher pervasiveness rate found in female (M:F-1:1.6) in our investigation bunch as compared to 1.5:1 M:F commonness detailed by western world might be because of expanding mindfulness about wellbeing among female.

Conclusion

No major bleeding complication occurred during study

period. However, three episodes of minor bleeding occurred giving an event rate 2% per year. All the minor bleeding episodes occurred in patients taking combined warfarin and antiplatelet.

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