ADVERSE PROGNOSIS OF ASYMPTOMATIC ATRIAL FIBRILLATION DETECTED INCIDENTALLY: A CASE FOR SCREENING

Poster Contributions
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Background: Stroke is not uncommonly the first clinical manifestation of atrial fibrillation (AF). Although ACC guidelines do not mention screening, ESC 2012 guidelines now recommend opportunistic screening for AF in patients ≥ 65, but the prognosis of incidentally detected asymptomatic AF that might be detected on screening is not known.

Methods: The UK Clinical Practice Research Datalink (primary care data from general practices with linkage to hospital discharge diagnoses and causes of death) was interrogated to generate a cohort of patients with incident asymptomatic AF (IA-AF) detected in general practice. An age, gender and index day (day of IA-AF diagnosis) matched cohort of patients without AF was selected at random in a ratio of 5:1. Both cohorts were followed for 3 years.

Results: We identified 9,714 patients with IA-AF and 44,024 matched non-AF controls, mean age 70.5±10, 57% male. Mean CHA2DS2-VASc scores were 2.5 and 2.2 resp (p<0.001). Stroke risk was significantly higher in the IA-AF cohort (Figure). Incidence rate per 100 patient years (IR) (95% CI) for IA-AF vs matched controls, excess IR was: 1.8 (1.65-2.0) vs 0.7 (0.66 - 0.76), excess 1.1 (0.9 - 1.3) for stroke; 0.75 (0.65 - 0.88) vs 0.51 (0.47 - 0.56), excess 0.24 (0.12-0.36) for MI; and 3.9 (3.6 - 4.1) vs 1.95 (1.87 - 2.03), excess 1.9 (1.6 - 2.2) for mortality.

Conclusion: Incidentally detected asymptomatic AF is not benign, with high excess rates of stroke, MI and death in the first 3 years after diagnosis, justifying a recommendation to screen.