a place of mind
THE UNIVERSITY OF BRITISH COLUMBIA

Atrial Fibrillation in 2020: Primary Care Program or Research Re-investment?

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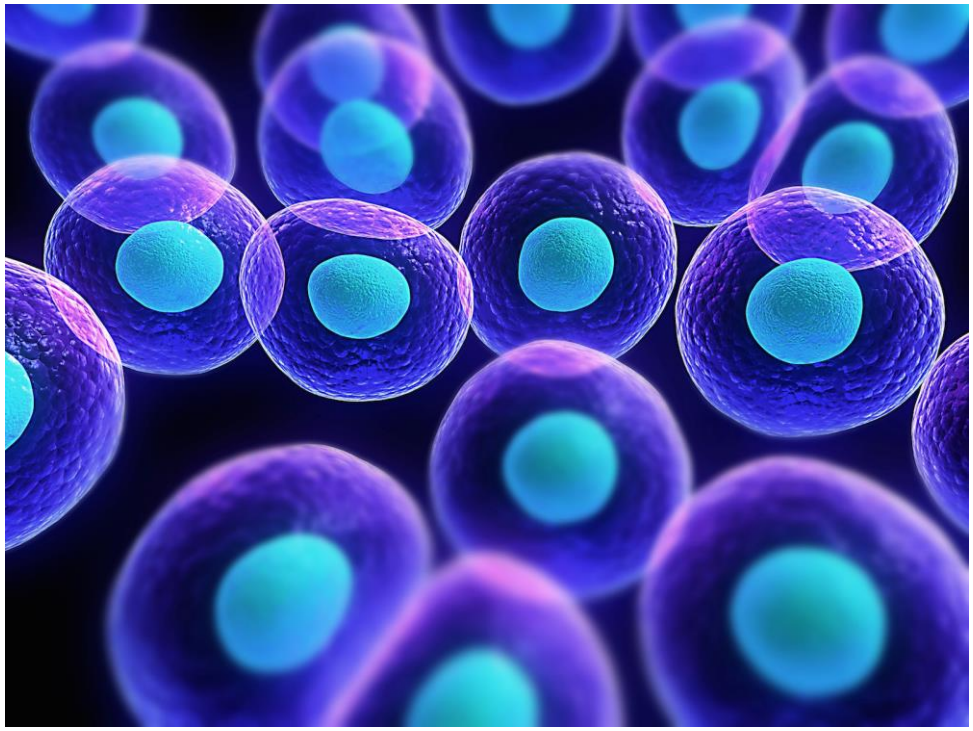
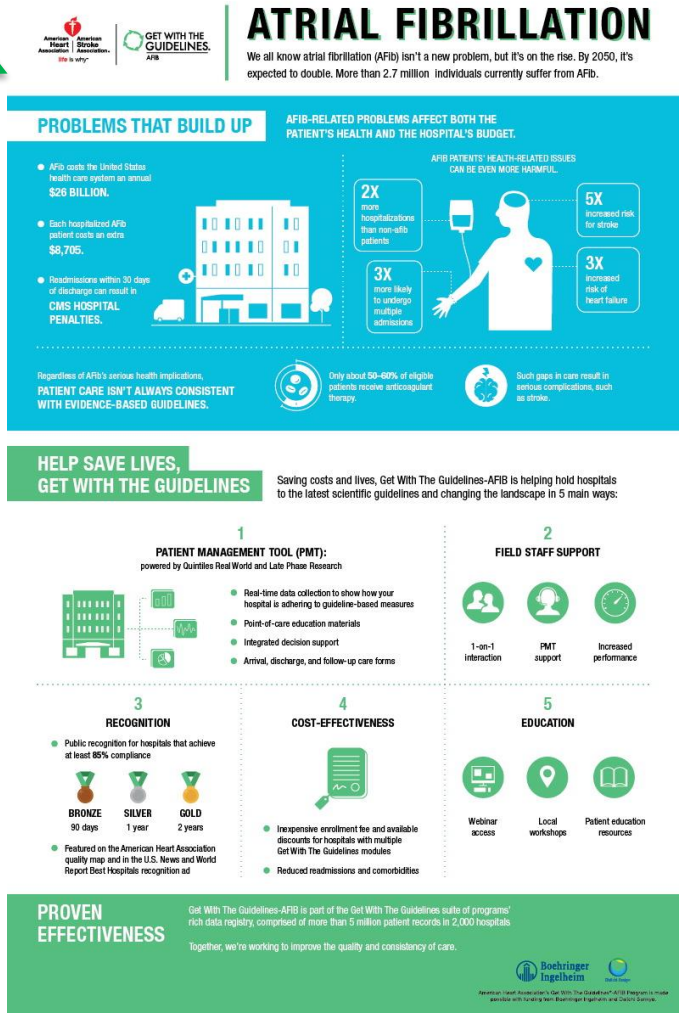
Who is running a better campaign?

Who is running a better campaign?

Get with the Guidelines

Get with the Stem Cells

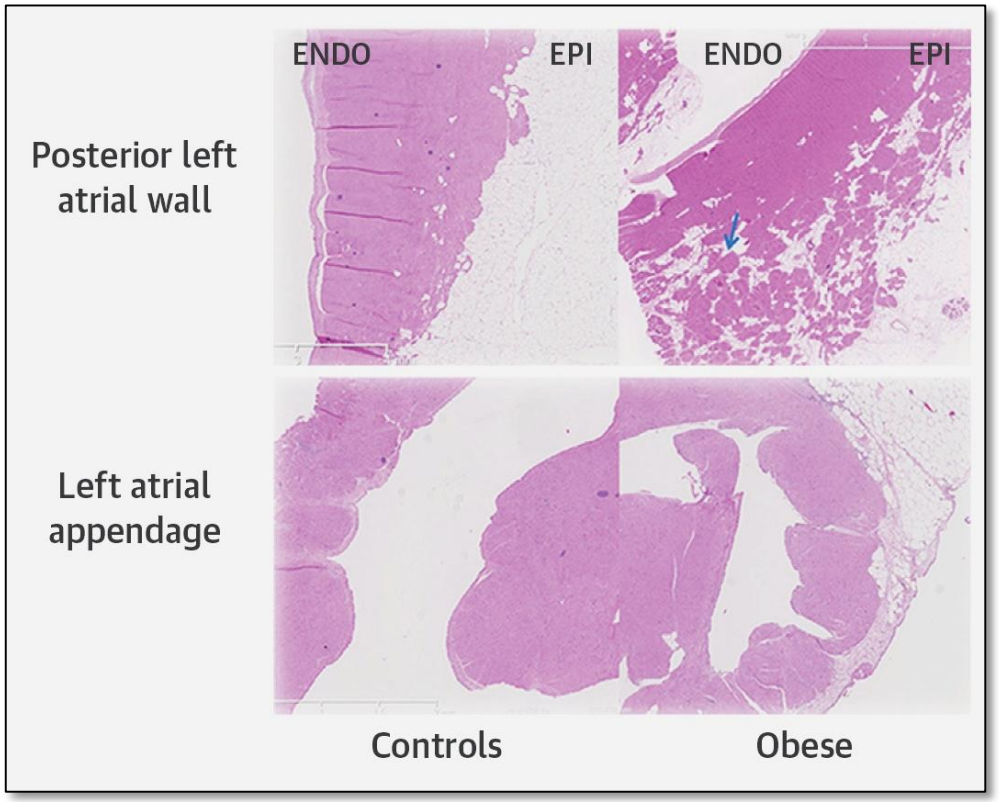




Google Images Search on William McIntyre MD

AFib time bomb!

Obesity led to fat infiltration of the Atrium



Sheep overfed to mimic chronic obesity

After 36 weeks:

Dramatic atrial changes

- abnormal conduction
- abnormal voltage
- fatty infiltration
- atrial fibrosis

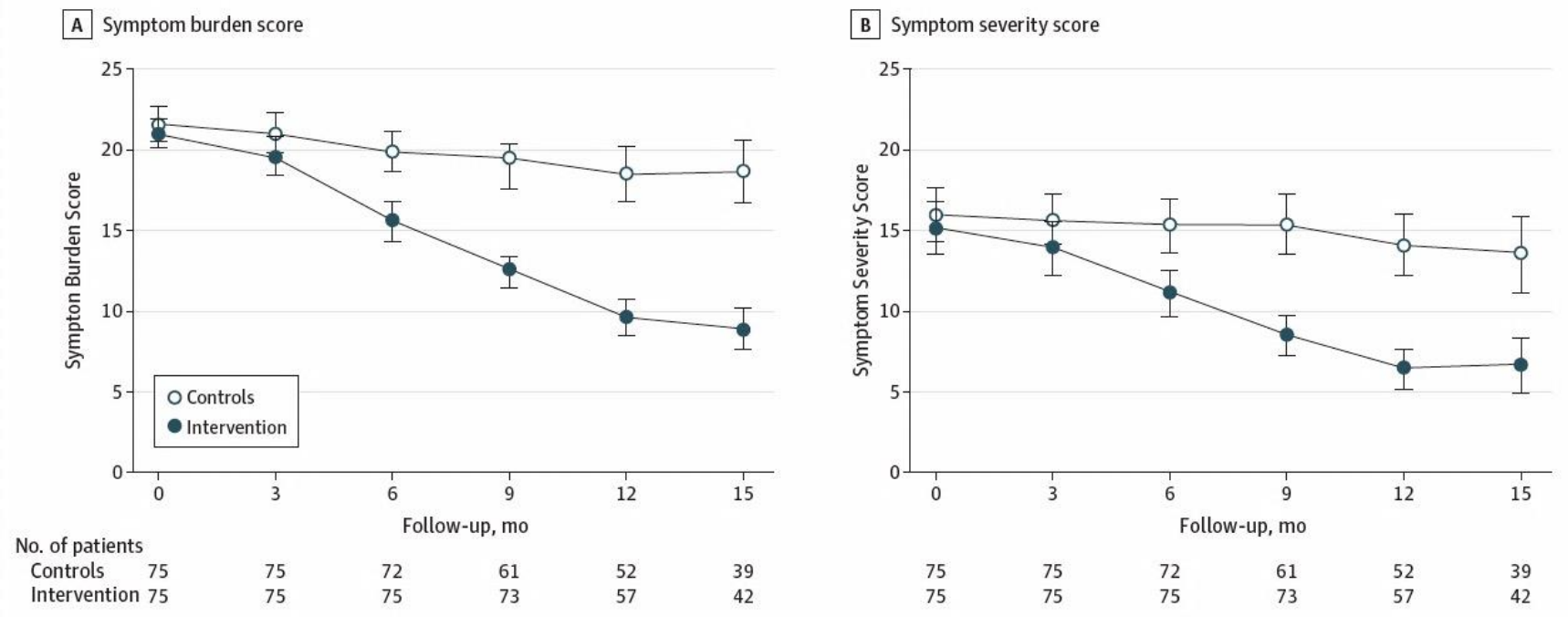
J Am Coll Cardiol 2015 ; 66:1–11

Weight loss results in less AF

Baseline weight ~100kg / BMI of 33

Randomized to weight loss vs usual advice: Intervention group lost ~ 15kg over 15 mos

Figure 3. Changes in Atrial Fibrillation Symptom Scale (AFSS) Scores Over Study Follow-up



No. of patients

Controls	75	75	72	61	52	39
Intervention	75	75	75	73	57	42

	75	75	72	61	52	39
	75	75	75	73	57	42

Also reduction in # episodes of AF, left atrial size and LV septum

Abed et al JAMA 2013;310:19:2050

Aerobic Interval Training Reduces the Burden of Atrial Fibrillation in the Short Term

A Randomized Trial

Vegard Malmo, MD; Bjarne M. Nes, PhD; Brage H. Amundsen, MD, PhD; Arnt-Erik Tjonna, PhD; Asbjorn Stoylen, MD, PhD; Ole Rossvoll, MD; Ulrik Wisloff, PhD; Jan P. Loennechen, MD, PhD

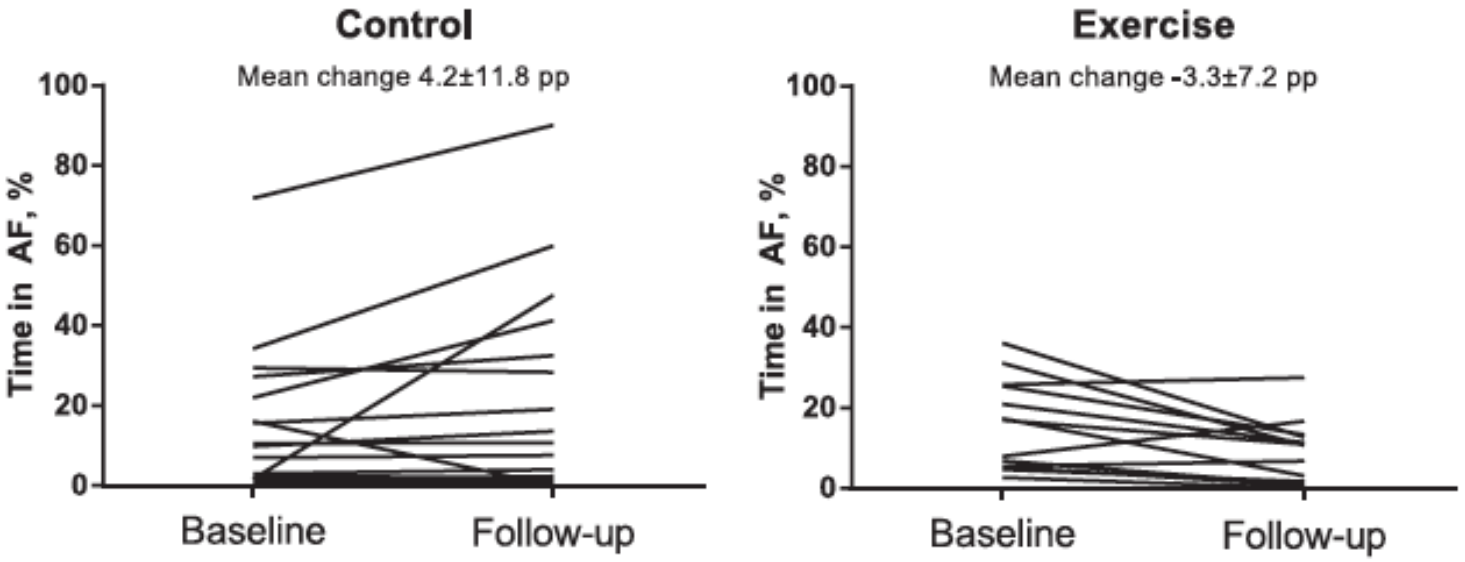


Figure 1. Individual change in atrial fibrillation (AF) burden. Time in AF was measured by an implanted loop recorder before and after 12 weeks of aerobic interval training (exercise) or usual care (control). pp Indicates percentage points.

Circulation 2016;133:466-473

European Heart Journal (2012) **33**, 2692–2699
doi:10.1093/eurheartj/ehs071

CLINICAL RESEARCH
Arrhythmia/electrophysiology

Nurse-led care vs. usual care for patients with atrial fibrillation: results of a randomized trial of integrated chronic care vs. routine clinical care in ambulatory patients with atrial fibrillation

- 712 patients with AF to nurse-led care and usual care.
- Nurse-led care consisted of guidelines based, software supported integrated chronic care supervised by a cardiologist
- The primary endpoint was a composite of CV hospitalization and death. Duration of follow-up was at least 12 months.

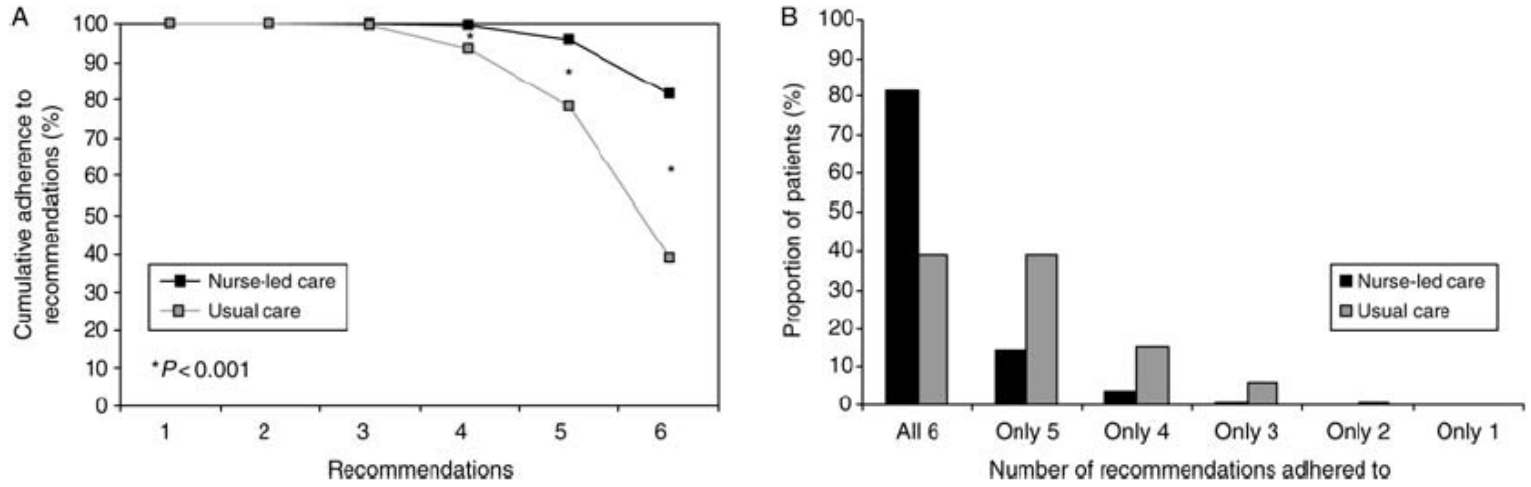


Figure 2 (*A*) The cumulative adherence to six guidelines recommendations in the nurse-led care group vs. the usual care group, see text for details concerning recommendations tested. *P*-values represent statistical differences concerning guidelines implementation between the two groups. (*B*) The distribution of the proportion of patients adhering to only one through all six guidelines recommendations in the two arms of the study.

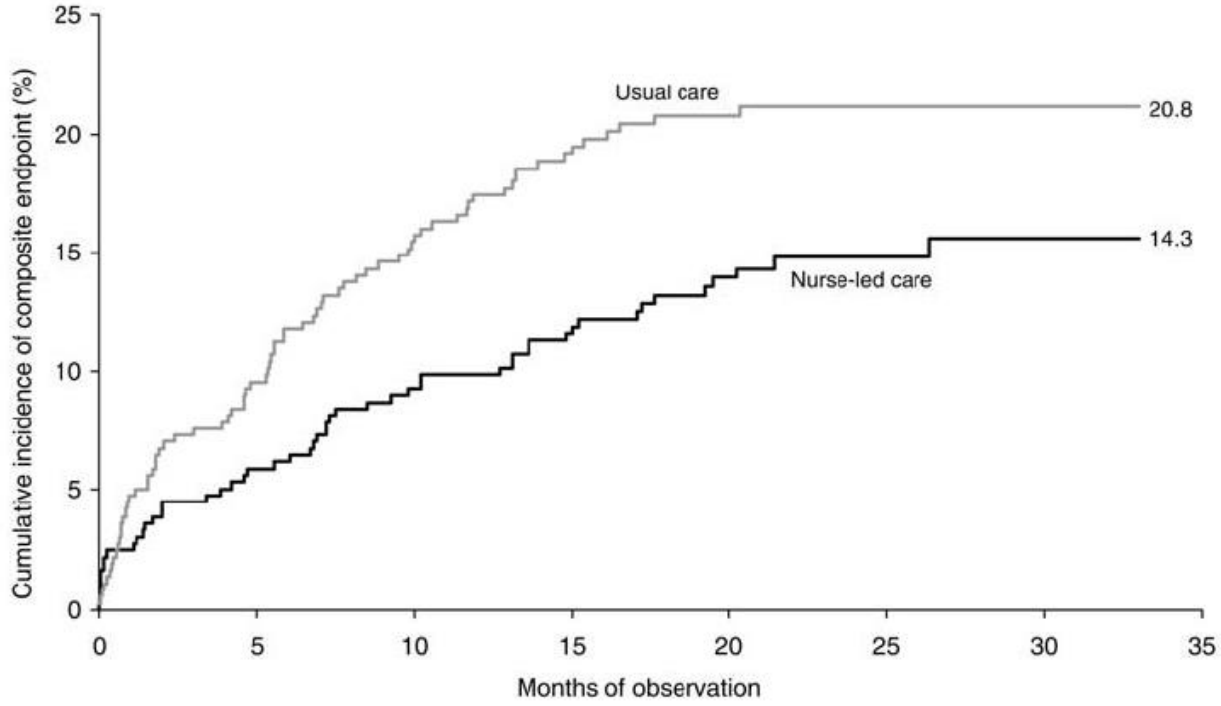
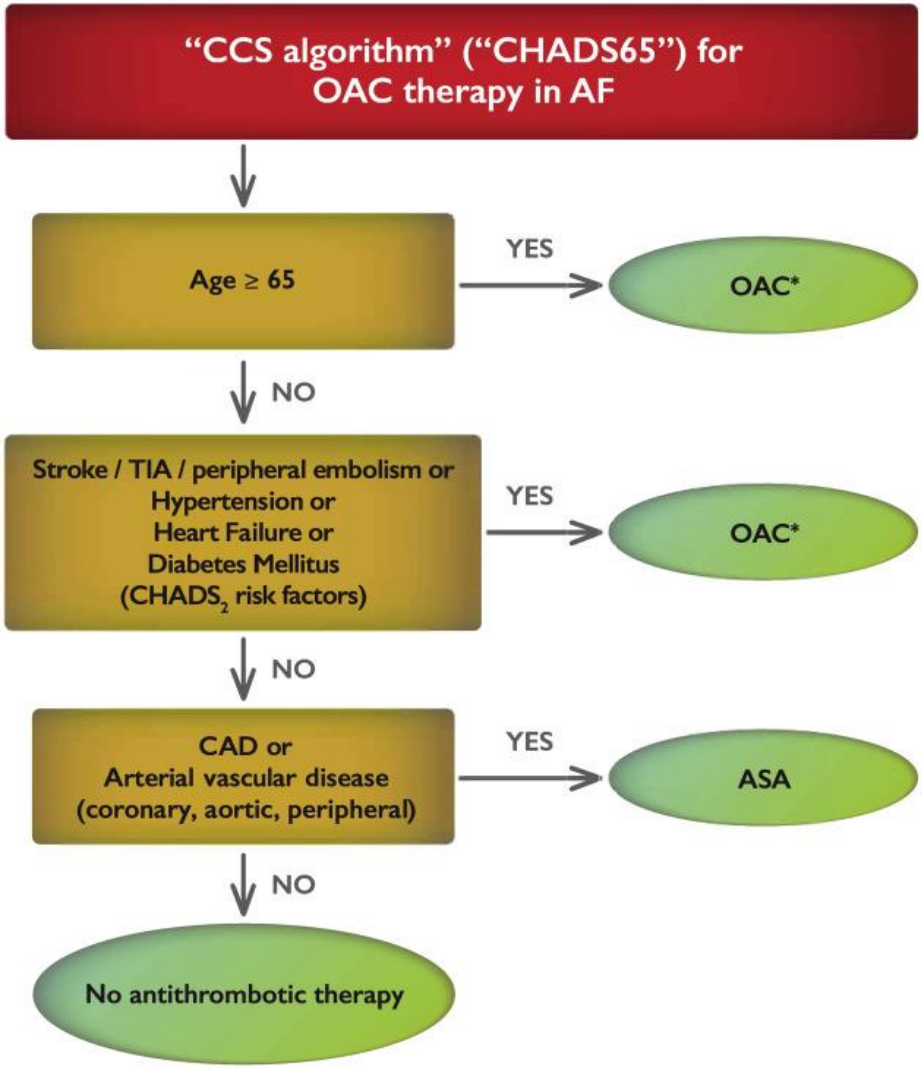


Figure 3 Kaplan–Meier estimates of the cumulative incidence of the primary outcome in both groups. The primary outcome is a composite of the first occurrence of cardiovascular hospitalization or cardiovascular death. NLC, nurse-led care; UC, usual care.



Consider and modify (if possible) all factors influencing risk of bleeding during OAC treatment (hypertension, antiplatelet drugs, NSAIDs, corticosteroids, excessive alcohol, labile INRs) and specifically bleeding risks for NOACs (low creatinine clearance, age ≥ 75, low body weight)†

*A NOAC is preferred over warfarin for non-valvular AF

Conclusions

- We know what to do
- We should do what we know
- Giving tools and skills to point of care will transform the population experience with AF

This actually arrived in my office!!!

I am an open access person – for slides, e mail akrahn@mail.ubc.ca