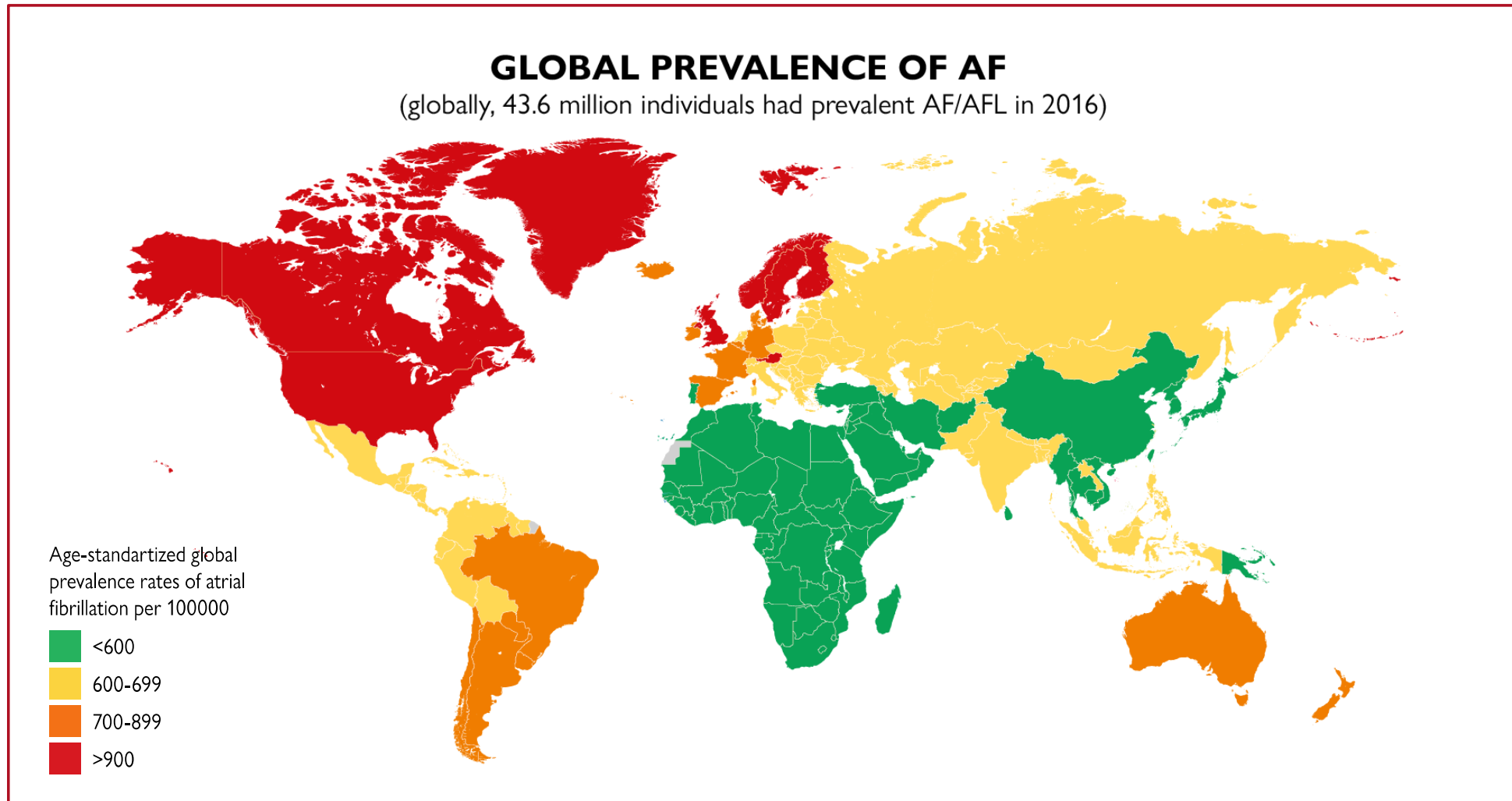


Vorhofflimmern

Publikumsvortrag 14.06.2022

Dr. med. Niklas Otten

Epidemiologie





Epidemiologie

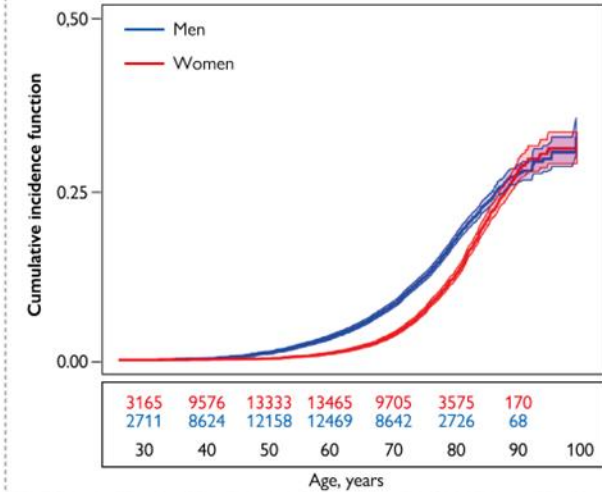
LIFETIME RISK for AF 1 in 3 individuals



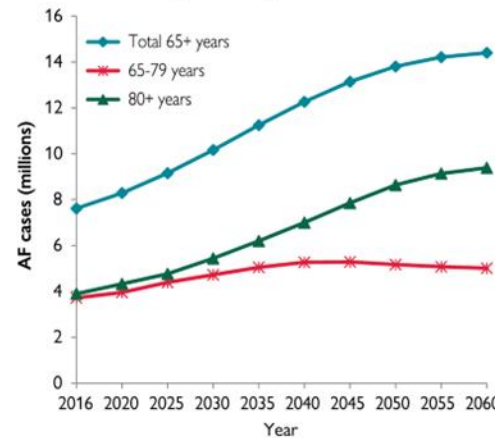
of European ancestry
at index age of 55 years
37.0% (34.3% to 39.6%)

AF is more common in males

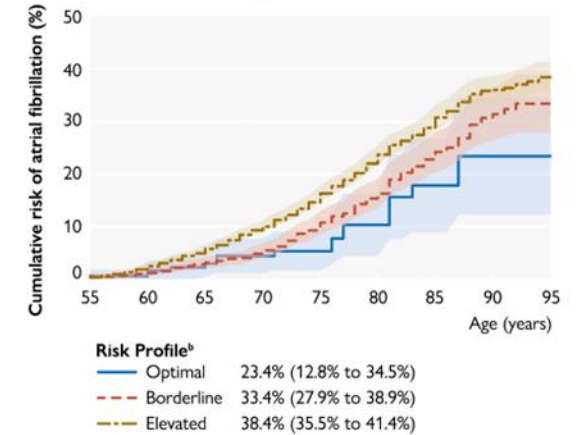
Cumulative incidence curves and 95% CIs
for AF in women and men with death as a competing risk



Projected increase in AF prevalence among elderly in EU 2016-2060

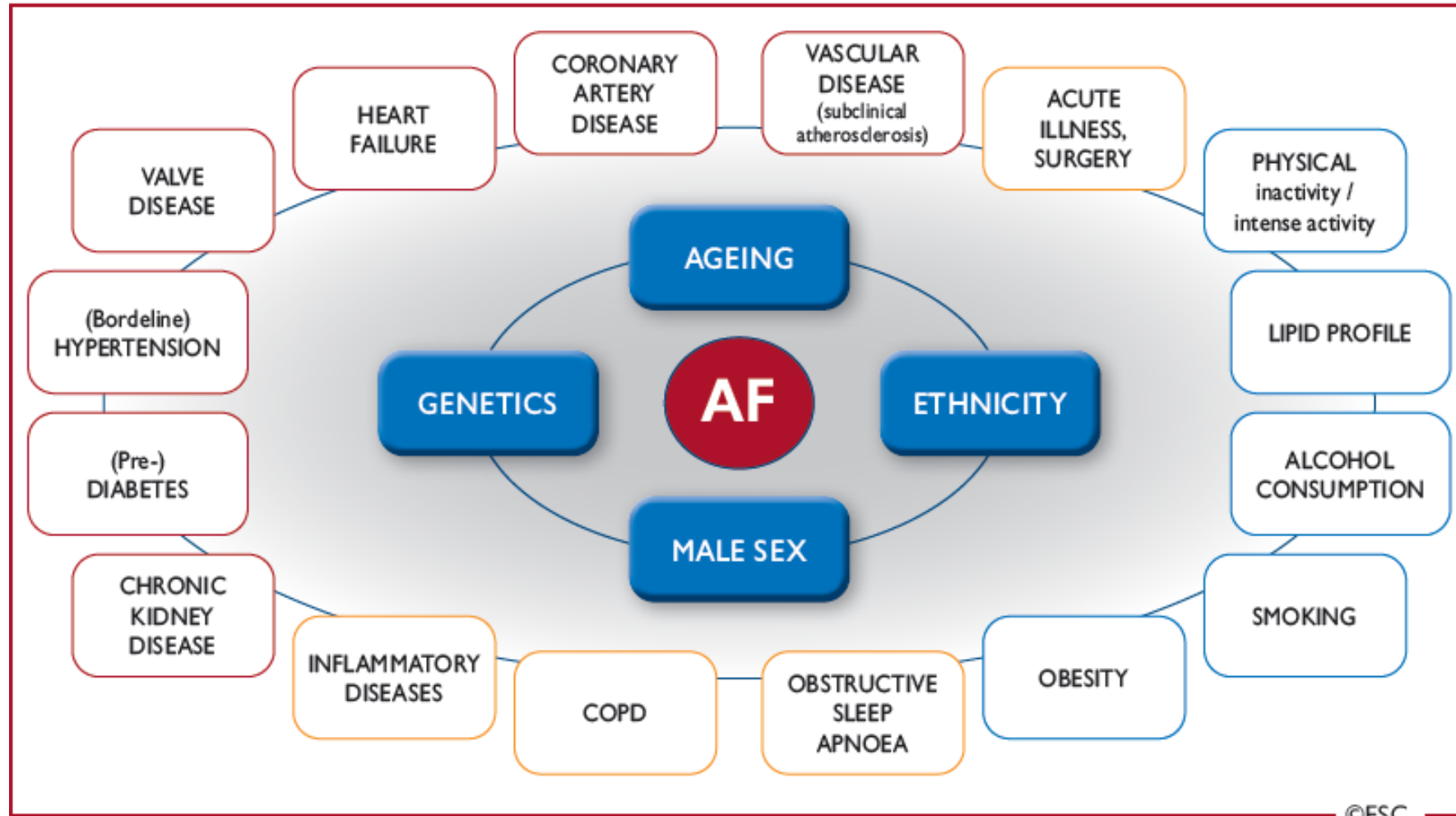


Lifetime risk of AF increases with increasing risk factor burden^a

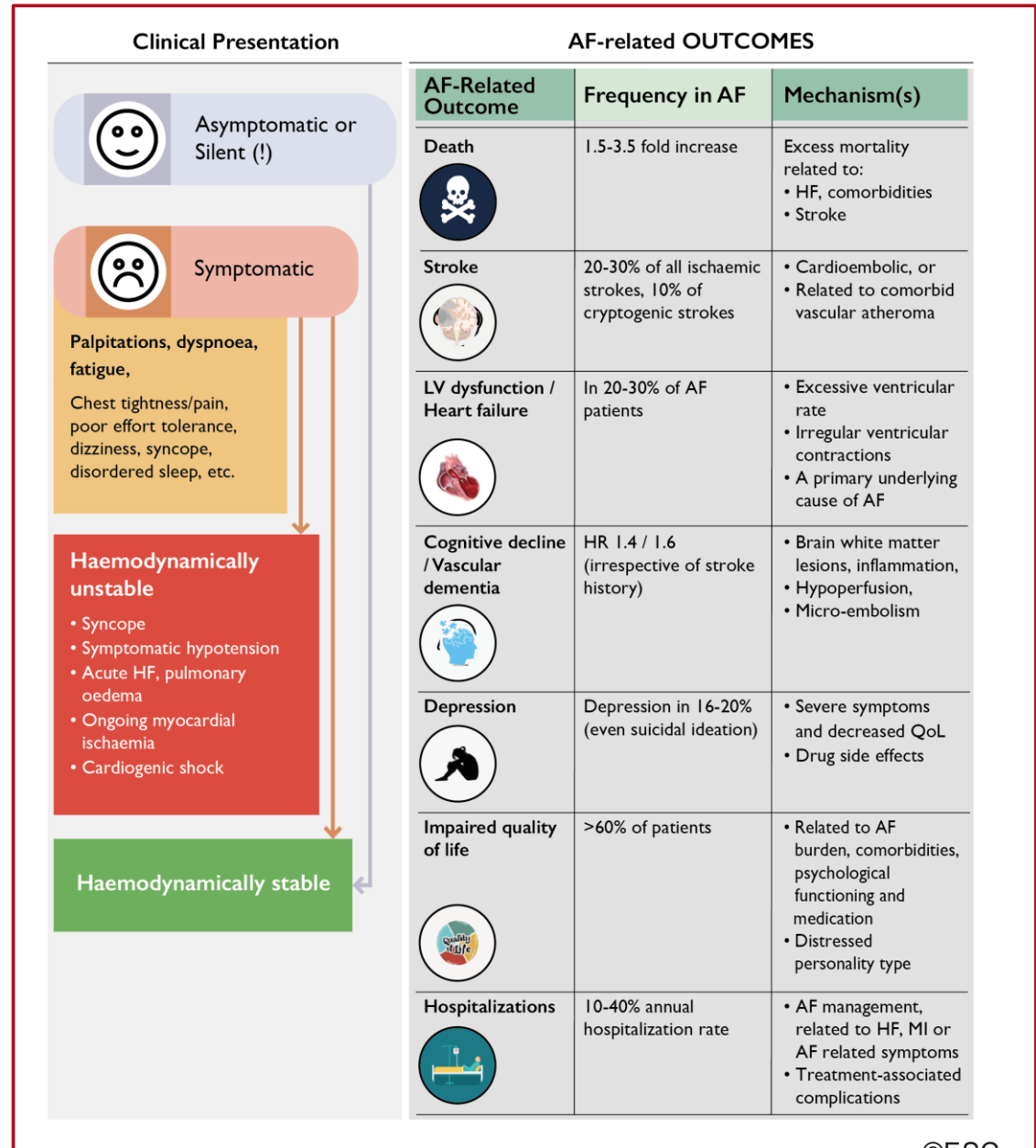


^aSmoking, alcohol consumption, body mass index, BP, diabetes mellitus (type 1 or 2), and history of myocardial infarction or heart failure

Risikofaktoren



Klinik und Outcome





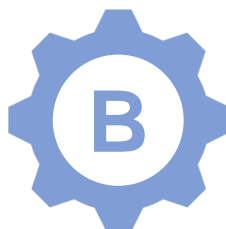
ESC Guidelines 2020: Holistic view of AF Patients

The Atrial Fibrillation Better Care (ABC) approach is embedded in
ESC 2020 guidelines



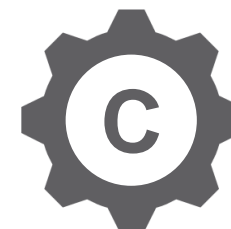
A Anticoagulation/
Avoid stroke

1. Identify low-risk patients who do not need OAC
2. Consider stroke prevention if $CHA_2DS_2-VASc \geq 1(m), 2(f)$
Assess bleeding risk, address modifiable bleeding risk factors
3. Choose OAC (NOAC in preference to VKA*)



B Better symptom control

Assess symptoms, QoL and patient's preferences
Optimise rate control
Consider a rhythm control strategy (CV, AADs, ablation)



C Comorbidities/
Cardiovascular risk factor management

Comorbidities and cardiovascular risk factors
Lifestyle changes (obesity reduction, regular exercise, reduction of alcohol use etc.)

*Except for patients with mechanical heart valves or moderate-to-severe mitral stenosis.



Risikofaktoren für Blutung

Nicht modifizierbar	Potenziell modi.	modifizierbar	Biomarker
<ul style="list-style-type: none">• Alter > 65 Jahre• Prev. Major bleeding• Schwere Niereninsuffizienz (Dialyse/Transplantation)• Schwere Leberfunktionsstörung• Malignom• Genetische Faktoren (Metabolismus der Medikamente)• St.n. Schlaganfall• Diabetes mellitus• Kognitive Einschränkung/Demenz	<ul style="list-style-type: none">• <i>Extreme frailty?</i>• Sturzrisiko• Anämie• Red. Thromboctenzahl und –funktion• Niereninsuffizienz (Clearence <60ml/min)• VKA Management	<ul style="list-style-type: none">• Art. Hypertonie• Zusätzliche APT/NSAID• Exzessiver Alkoholkonsum• Noncompliance to OAK• Wahl des OAK und korrekte Dosierung• Gefährliche Hobbies• Bridging mit Heparin• INR-Kontrolle	<ul style="list-style-type: none">• GDF-15• CystatinC/CKD-EPI• cTnT-hs• Von Willebrand Faktor (+ andere Gerinnungsparameter)

Ablation und Risikofaktoren



Vielen Dank für ihre
Aufmerksamkeit