Prognostičko značenje fibrilacije atrijske u bolesnika sa simptomatskom perifernom arterijskom bolešću i očuvanom sistoličkom funkcijom lijeve klijetke

The prognostic role of atrial fibrillation in patients with symptomatic peripheral artery disease and preserved left ventricular systolic function

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UVOD: Cilj istraživanja bio je odrediti prognostički značaj fibrilacije atrijske (FA) u bolesnika sa simptomatskom perifernom arterijskom bolešću (PAB).

METODE: Pojavnost velikih kardiovaskularnih događaja definiranih kao smrtni ishod, infarkt miokarda, moždani udar, perkutana koronarna intervencija i aortokoronarno premoštenje, prospektivno je praćena u 183 bolesnika sa simptomatskom PAB, kliničkog stadija IIb i III, LVEF>50% (66% muškaraca, prosječna dob 69,7 godina, ABI 0,59). Dijagnoza FA temeljila se na anamnestičkim podacima i elektrokardiografskom zapisu. Multivarijatnom regresijskom analizom prilagođenoj za dob i spol, tradicionalne kardiovaskularne čimbenike rizika, kritičnu ishemiju ekstremiteta, procijenjenu glomerularnu filtraciju (eGFR, izračunata prema MDRD formuli), pridruženu koronarnu i cerebrovaskularnu bolest te medikamentnu terapiju, procijenjen je prognostički značaj FA na ishod bolesti.

REZULTATI: Prevalencija FA bila je 15,3 % u bolesnika sa simptomatskom PAB. Tijekom razdoblja praćenja od 24 mjeseca, 42 bolesnika (23%) su razvila veliki kardiovaskularni događaj. Ti su bolesnici bili stariji, češće su imali FA, kritičnu ishemiju ekstremiteta, anamnezu koronarne i cerebrovaskularne bolesti te lošiju bubrežnu funkciju. Nakon multivarijatne regresijske analize, FA (HR=2,1, 95% CI=1,07-4,10; p=0,03) i eGFR <60 ml/min (HR=1,97, 95% CI=1,05-3,68; p=0,035) bili su jedini značajni nezavisni pretkazatelji kardiovaskularnih događaja.

ZAKLJUČAK: FA je relativno česta u bolesnika sa simptomatskom PAB i nezavisno je povezana s lošijim kardiovaskularnim ishodom.

INTRODUCTION: The aim of the study was to investigate the prognostic implication of atrial fibrillation (AF) in patients with symptomatic peripheral artery disease (PAD).

METHODS: The occurrence of major adverse cardiovascular events (MACE), defined as composite endpoint of death, myocardial infarction, stroke, percutaneous coronary intervention and coronary bypass surgery was prospectively assessed in 183 PAD patients, Fontaine stages IIb and III, LVEF>50% (66% males, mean age 69.7 years, mean ABI 0.59). The diagnosis of AF was based on history and electrocardiographic evidence of arrhythmia. Multivariate stepwise Cox regression analysis adjusted for age, gender, traditional cardiovascular risk factors, critical limb ischemia (CLI), estimated glomerular filtration rate (eGFR, calculated by MDRD formula), concomitant coronary and cerebrovascular disease and medications used was applied to assess the predictive value of AF on patients outcome.

RESULTS: The prevalence of AF was 15.3% among symptomatic PAD patients. During the median follow-up period of 24 months, 42 patients (23%) had an event. These patients were older, more likely to have AF, CLI, history of coronary and cerebrovascular disease and worse renal function. After multivariable analysis, AF (HR=2.1, 95% CI=1.07-4.10; p=0.03) and eGFR <60 ml/min (HR=1.97, 95% CI=1.05-3.68; p=0.035) remained the only significant independent predictors of cardiovascular events.

CONCLUSIONS: AF is common in patients with symptomatic PAD and is independently associated with a worse cardiovascular outcome.

LITERATURE

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