Thromboprophylaxis in various clinical forms of atrial fibrillation

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OBJECTIVES: One of classifications of atrial fibrillation (AF) includes paroxysmal, persistent and permanent, based on the possibility of conversion into sinus rhythm. Regardless of clinical form of AF, evaluation of thromboembolic risk and decision on thromboprophylaxis has to be individually considered for each patient.¹

PATIENTS AND METHODS: The study included 90 consecutive patients with atrial fibrillation (AF) divided into three groups: 22 patients (24.4%) with paroxysmal AF in the first group; 3 patients (3.3%) with persistent AF in the second; and 65 patients (72.2%) with permanent AF in the third group. Within the paroxysmal AF group, there was 1 patient with valvular AF and 21 patients with non-valvular AF; in the persistent AF group, there were no patients with valvular AF and 3 patients with non-valvular AF; and in the permanent AF group, there were 11 patients with valvular AF and 54 patients with non-valvular AF. From all patients, aspirin only was used by 20 of them (22.22%), oral anticoagulation therapy (OACT) only by 59 patients (65.6%), while OACT + aspirin were used by 11 patients (12.2%). All patients underwent 12-lead ECG evaluation, transthoracic echocardiogram and laboratory tests.

RESULTS: Patients with valvular and non-valvular AF did not significantly differ according to clinical type of AF ($p=0.265$). In both valvular and non-valvular AF, the most common clinical form was permanent AF. It has been found that patients used OACT significantly more often than aspirin ($p<0.001$) among total number of patients ($n=90$).

CONCLUSION: Valvular and non-valvular AF do not determine clinical form of atrial fibrillation. Compliance of our patients regarding OACT use is good, which is important because of the most common permanent clinical form.

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LITERATURE

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