Better treatment of atrial fibrillation and its risks

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The earlier that patients who suffer from atrial fibrillation obtain the correct treatment, the lower is the risk of serious secondary effects such as stroke. A thesis presented at the University of Gothenburg, Sweden, shows that a well-established measurement score can easily assess the risks for this patient group.

The function of the heart is affected if it is subject to atrial fibrillation for a long period. It becomes successively more difficult to restore and maintain the normal heart rhythm, and ever more difficult to treat. This can in turn lead to serious secondary effects for the patient.

Scientists have investigated how the score known as the CHADS2 score was correlated with the risk of being affected by stroke in patients with acute coronary syndromes and with or without atrial fibrillation. The CHADS2 score is used for the evaluation of stroke risk in patients with atrial fibrillation and it is based on the presence of Congestive heart failure, Hypertension (high blood pressure), Age of 75 years or older, Diabetes and previous Stroke.

Each above mention component gives one score, while stroke 2. According to guidelines, patients with score 2 or higher are candidates for permanent treatment with oral anticoagulation. A total of 2,335 patients with acute coronary syndromes, including myocardial infarction, were studied. Of these, 442 had atrial fibrillation.

"We found that the higher CHADS2 score was, the greater were the risk

to be affected by stroke during long-term follow-up, and the risks of early (30-days) or long-term death. We also noticed in our investigation that this score was well applied and the results correlated even in patients with acute coronary syndromes and without atrial fibrillation. This means that the score, the CHADS2 score, may help to identify patients with high risk for subsequent stroke or death" says Dritan Poçi.

He believes that such a risk assessment should be made by the healthcare system for patients who have previously known atrial fibrillation, and for patients in whom it is discovered and newly diagnosed. This might be done independently of atrial fibrillation even in patients showing symptoms of myocardial infarction.

"It would increase the possibility of identifying and treating important risk factors. Such an individual treatment of these categories of patients may reduce the risk of subsequent diseases and increases the survival of patients", suggests Dritan Poçi.

Provided by University of Gothenburg

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