Fibrillazione Atriale e Ictus Cardiembolico

ISPAF

Indagine Sicoa su Pazienti con Fibrillazione Atriale

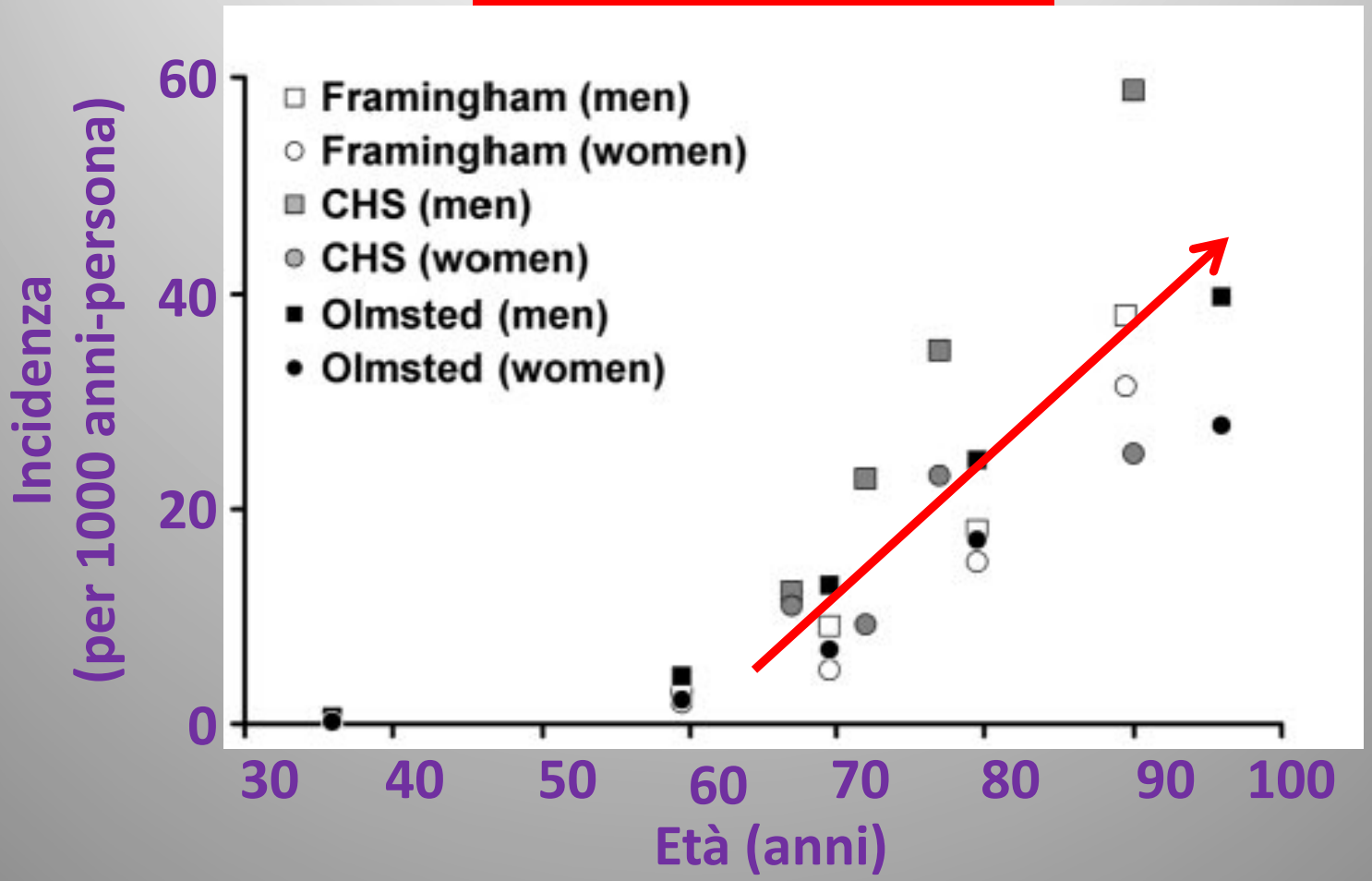
Maurizio Volterrani

IRCCS San Raffaele

Roma

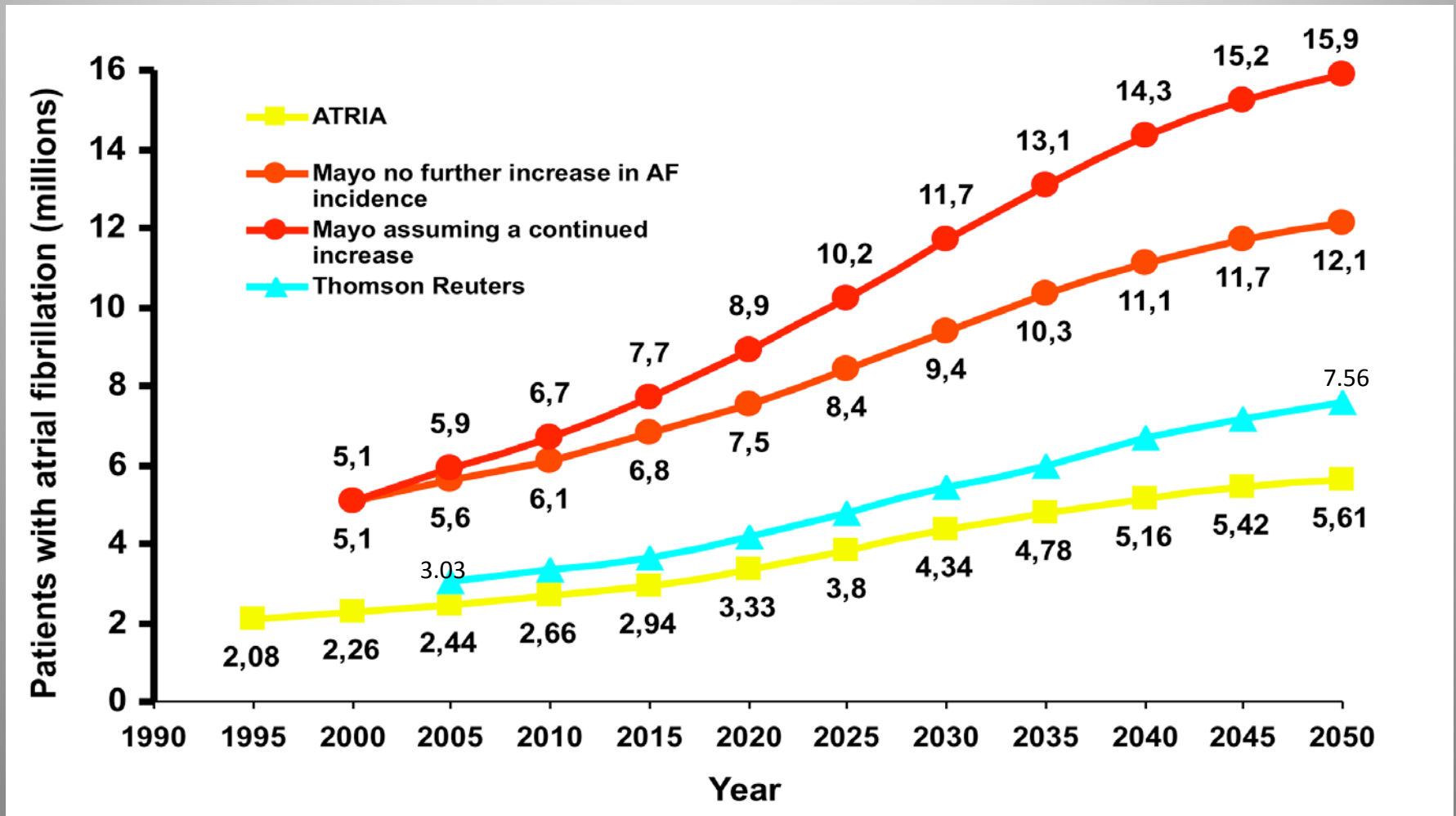
Secular Trends in Incidence of Atrial Fibrillation in Olmsted County, Minnesota, 1980 to 2000, and Implications on the Projections for Future Prevalence

Incidenza di FA per età



Miyasaka Y. Circulation, 2006

Projected Number of Patients with AF by 2050



Updated from: Savelieva I & Camm J. Clin Cardiol 2008;31:55-62

CHA_2DS_2VASc v $CHADS_2$

All patients with atrial fibrillation not treated with VKAs in Denmark 1997- 2006

73 538fulfilled the study inclusion criteria

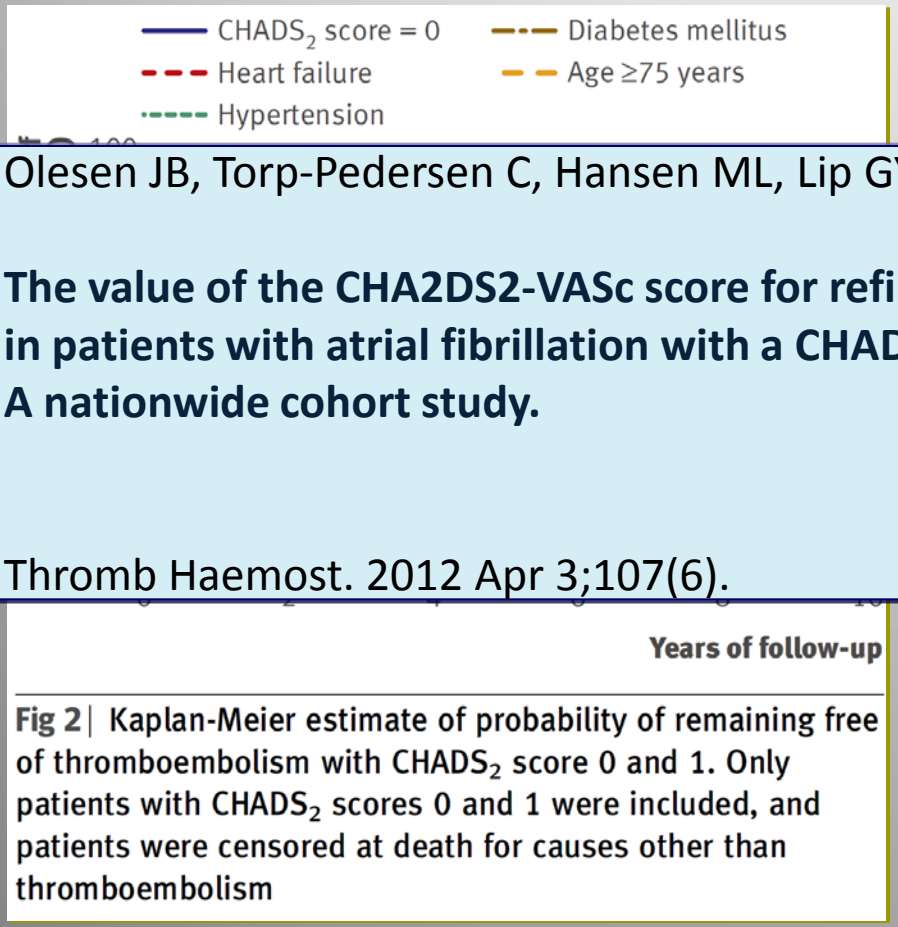


Fig 2| Kaplan-Meier estimate of probability of remaining free of thromboembolism with $CHADS_2$ score 0 and 1. Only patients with $CHADS_2$ scores 0 and 1 were included, and patients were censored at death for causes other than thromboembolism

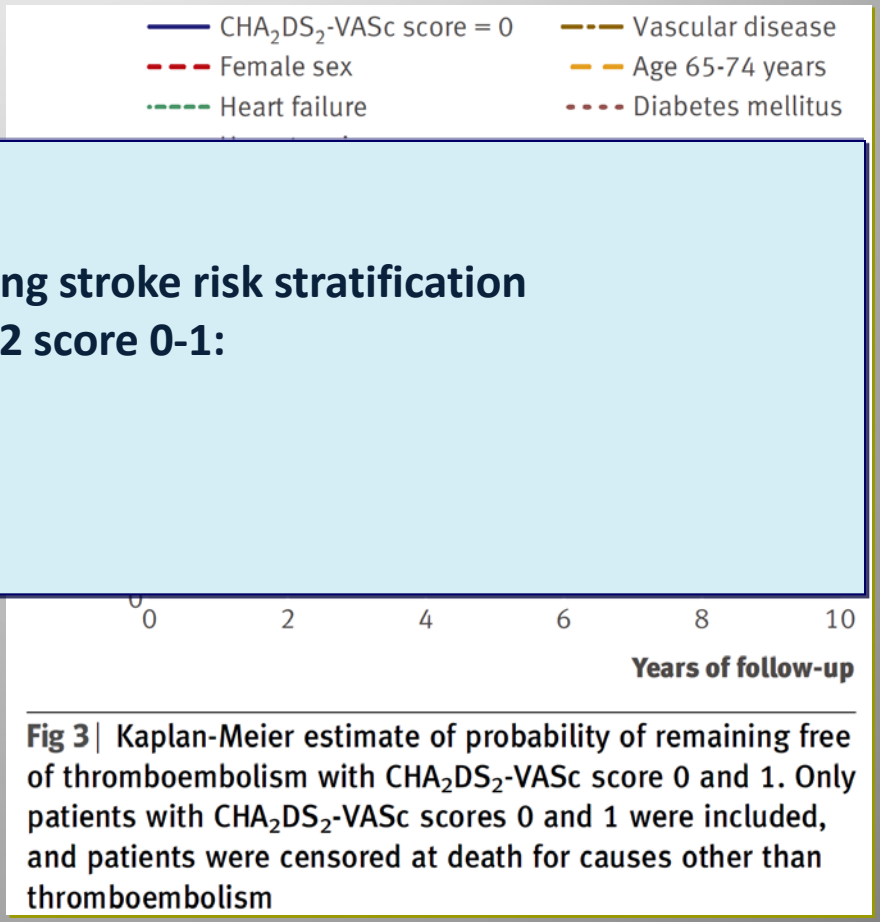


Fig 3| Kaplan-Meier estimate of probability of remaining free of thromboembolism with CHA_2DS_2-VASc score 0 and 1. Only patients with CHA_2DS_2-VASc scores 0 and 1 were included, and patients were censored at death for causes other than thromboembolism

Olesen JB, Torp-Pedersen C, Hansen ML, Lip GY.

The value of the CHA2DS2-VASc score for refining stroke risk stratification in patients with atrial fibrillation with a CHADS2 score 0-1: A nationwide cohort study.

Thromb Haemost. 2012 Apr 3;107(6).

Olesen JB et al, BMJ 2011;342:d124

Anticoagulation - General

Recommendations for prevention of thromboembolism in non-valvular AF - general		
Recommendations	**Class**	**Level**
Antithrombotic therapy to prevent thromboembolism is recommended for all patients with AF, except in those patients (both male and female) who are at low risk (aged <65 years and lone AF), or with contraindications.	I	A
The choice of antithrombotic therapy should be based upon the absolute risks of stroke/thromboembolism and bleeding and the net clinical benefit for a given patient.	I	A
The CHA_2DS_2-VASc score is recommended as a means of assessing stroke risk in non-valvular AF.	I	A
Female patients who are aged <65 and have lone AF (but still have a CHA_2DS_2-VASc score of 1 by virtue of their gender) are low risk and no antithrombotic therapy should be considered.	IIa	B

European Heart Journal 2012;33:2719-2747 - doi:10.1093/eurheartj/ehs253

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Anticoagulation - Bleeding

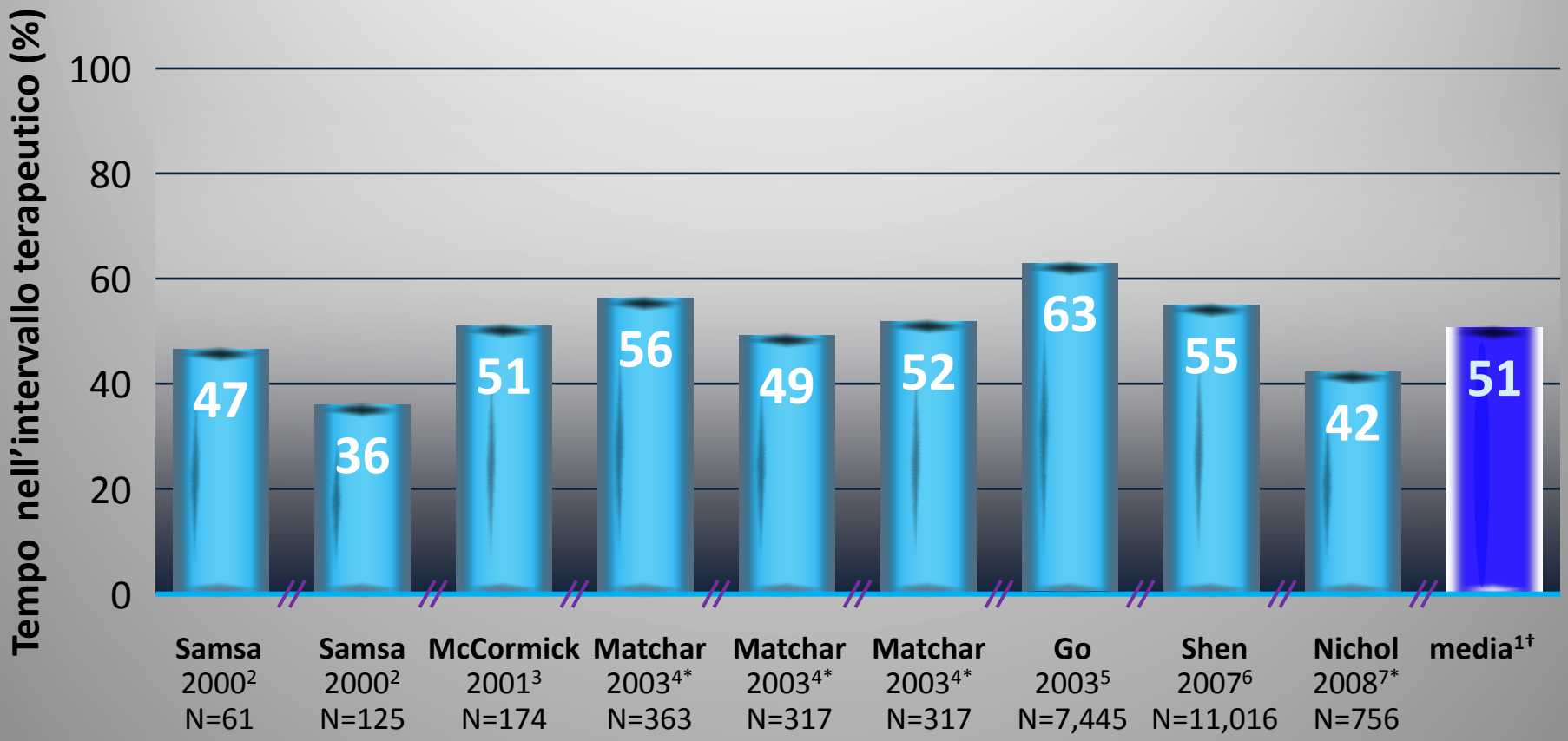
Recommendations for prevention of thromboembolism in non-valvular AF - bleeding		
Recommendations	**Class**	**Level**
Assessment of the risk of bleeding is recommended when prescribing antithrombotic therapy (whether with VKA, NOAC, aspirin/clopidogrel, or aspirin).	I	A
The HAS-BLED score should be considered as a calculation to assess bleeding risk, whereby a score ≥3 indicates 'high risk' and some caution and regular review is needed, following the initiation of antithrombotic therapy, whether with OAC or antiplatelet therapy (LoE = A). Correctable risk factors for bleeding [e.g. uncontrolled blood pressure, labile INRs if the patient was on a VKA, concomitant drugs (aspirin, NSAIDs, etc.), alcohol, etc.] should be addressed (LoE = B). Use of the HAS-BLED score should be used to identify modifiable bleeding risks that need to be addressed, but should not be used on its own to exclude patients from OAC therapy (LoE = B).	IIa	A B
The risk of major bleeding with antiplatelet therapy (with aspirin–clopidogrel combination therapy and – especially in the elderly – also with aspirin monotherapy) should be considered as being similar to OAC.	IIa	B

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Tempo trascorso nell' intervallo terapeutico con l' uso di warfarin nella pratica clinica



* Il Metodo dell'interpolazione lineare non è stato usato.

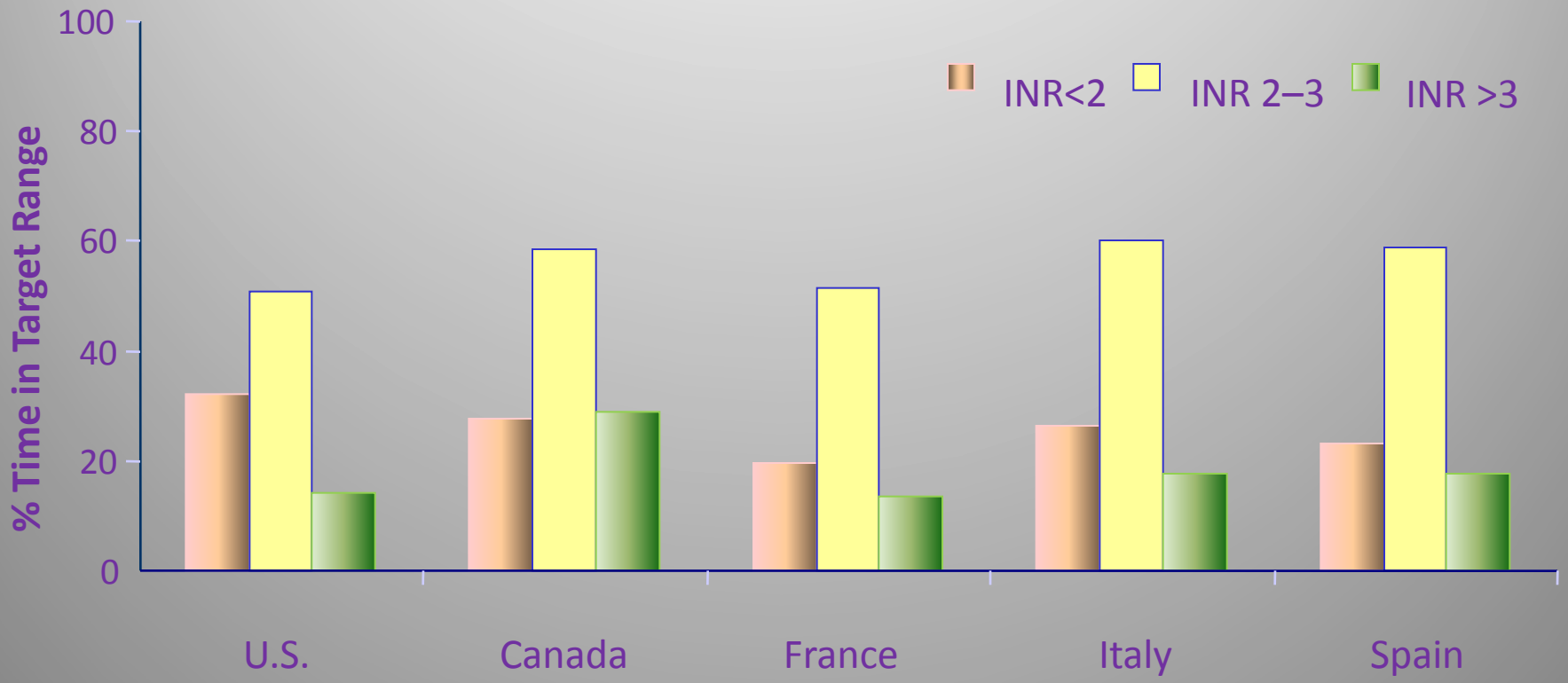
† Effetto globale = 0.55.

1. Baker WL, et al. *J Manag Care Pharm* 2009;15:244-252. 2. Samsa GP, et al. *Arch Intern Med* 2000;160:967-973.
3. McCormick D, et al. *Arch Intern Med* 2001;161:2458-2463. 4. Matchar DB. *Card Electrophysiol Rev* 2003;7:379-381.
5. Go AS, et al. *JAMA* 2003;290:2685-2692. 6. Shen AY, et al. *J Am Coll Cardiol* 2007;50:309-315. 7. Nichol MB, et al. *Ann Pharmacother* 2008;42:62-70.

Anticoagulation with Warfarin

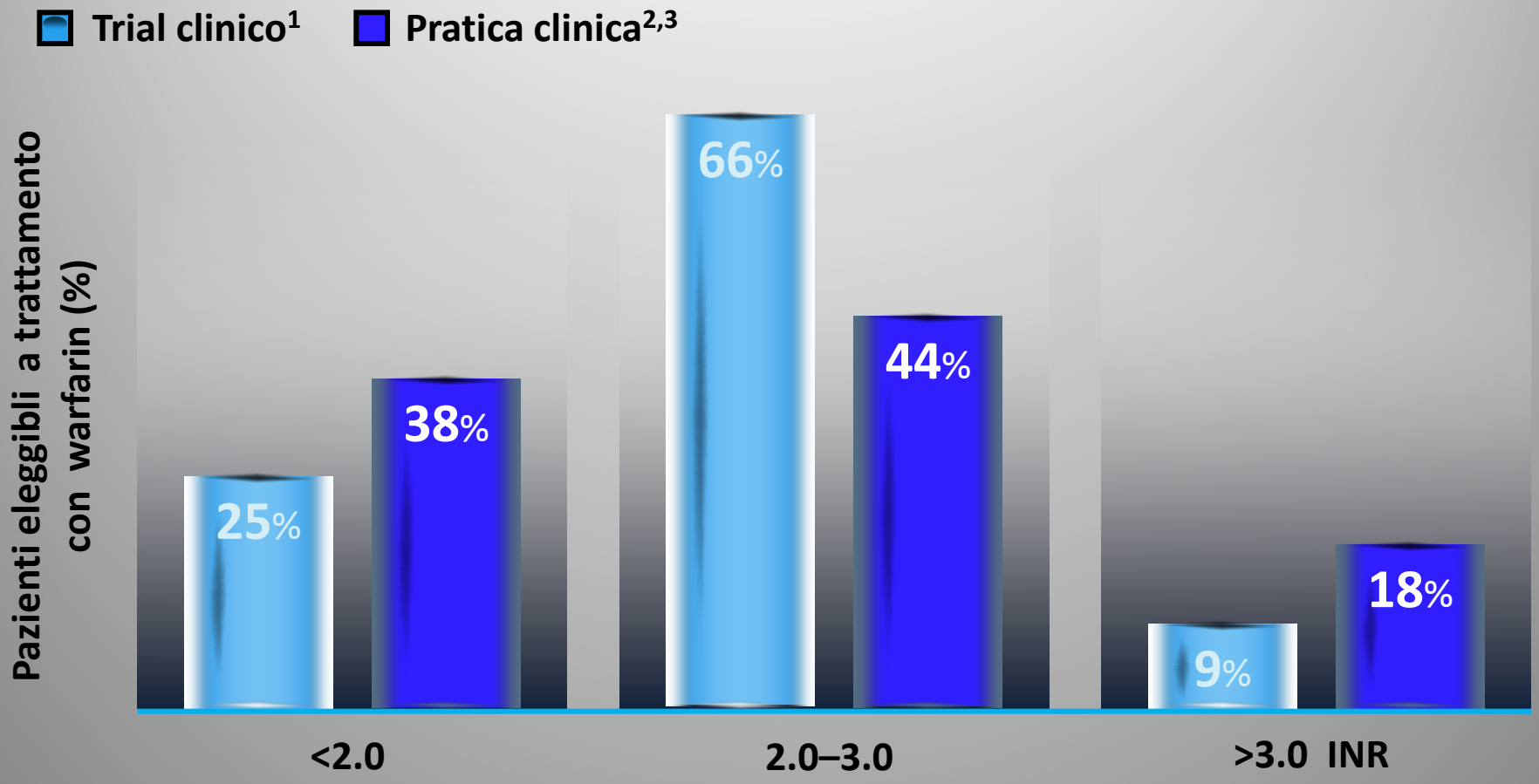
Intensity Often Outside the Target Range

International Study of Anticoagulation Management



Ansell J, et al. J Thromb Thrombolysis 2007; 23: 83.

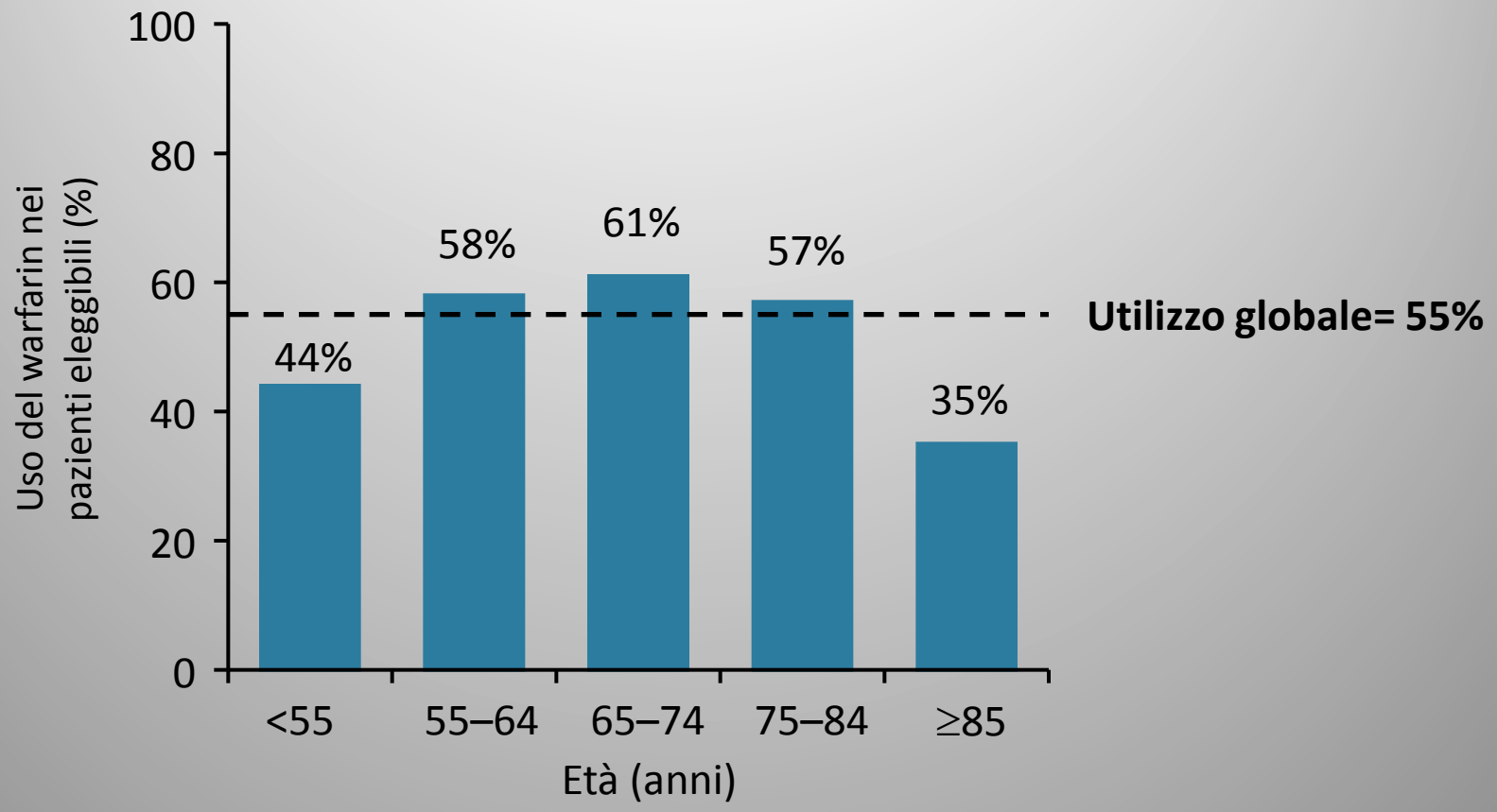
Controllo dell' INR: Trials clinici vs pratica clinica (TTR)



INR = International Normalized Ratio ; TTR = Tempo in Range Terapeutico (INR 2.0–3.0).

1. Kalra L, et al. *Br Med J* 2000;320:1236-1239; *Pooled data: fino a 83–71% nei singoli trials.
2. Samsa GP, et al. *Arch Int Med* 2000; 160:967-973. 3. Matchar DB, et al. *Am J Med* 2002; 113:42-51.

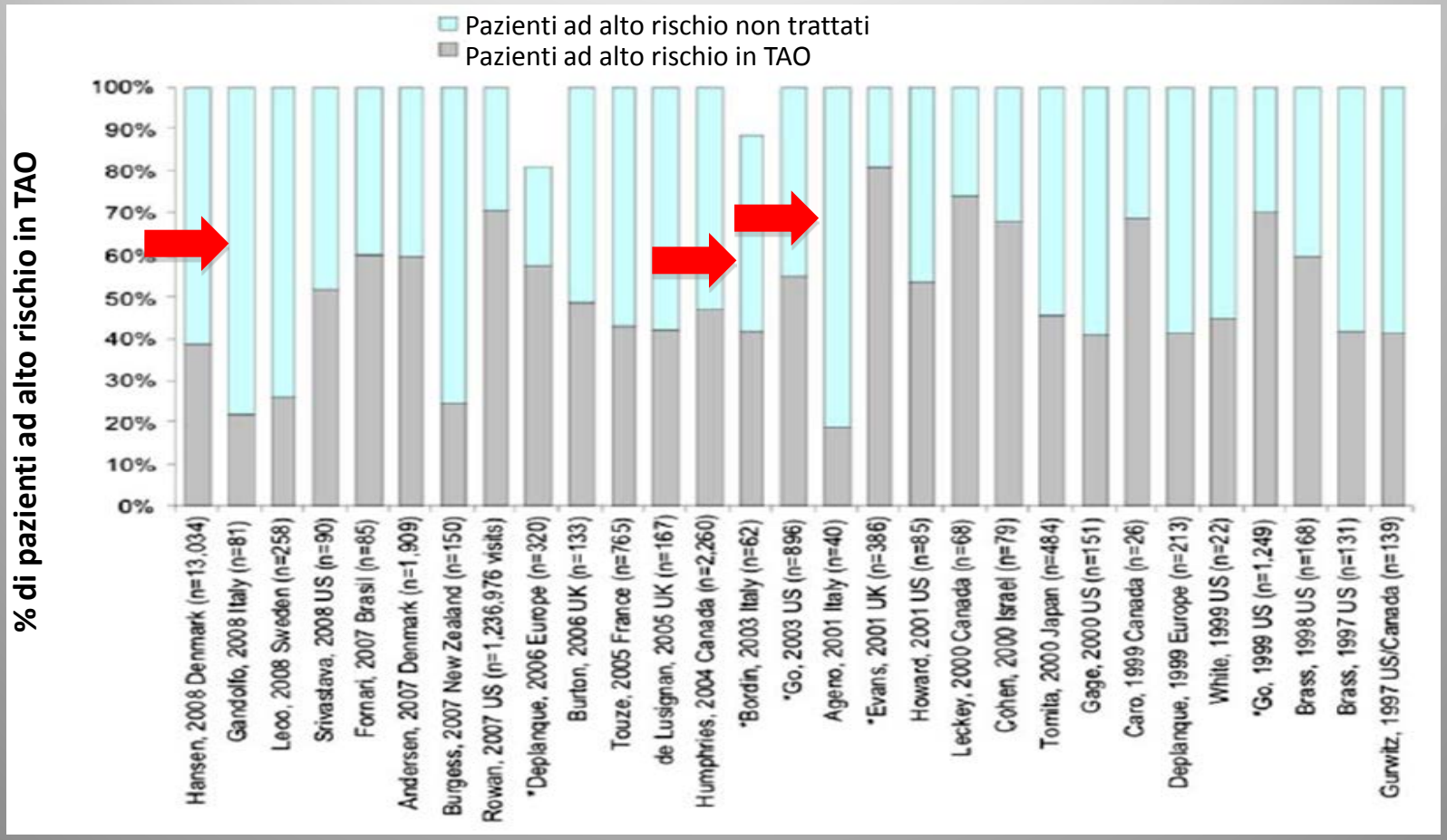
Warfarin è utilizzato solo in metà dei pazienti con FA



•**Warfarin è sotto-utilizzato, soprattutto nei pazienti anziani che sono quelli a più alto rischio di ictus**

Go A et al. Ann Intern Med 1999;131:927

% TAO in funzione dell'elegibilità dei pazienti



Ogilvie IM et al. Am J Med 2010;123:638-45

S.I.C.O.A.

Società Italiana Cardiologia Ospedalità Accreditata

ISPAF

Indagine SICOA Paziente con Fibrillazione Atriale

2010-2011

ISPAF

Obiettivi dello studio

- **raccogliere dati in pz con FA**
  - **parossistica, persistente o permanente su**
    - **fattori di rischio**
    - **comorbilità,**
    - **terapia**
    - **qualità di vita**
- **fotografare la realtà della pratica clinica quotidiana sul territorio nazionale**

I.S.P.A.F

Criteri di inclusione

- **tutti i pazienti consecutivi di ambo i sessi con età > di 18 anni**
- **FA parossistica , persistente o permanente**
- **afferenti a strutture ambulatoriali di centri cardiologici accreditati SICOA**
- **in trattamento farmacologico stabile da almeno due mesi**
- **firma del consenso informato**

Risultati

- **Studio concluso il 30 Marzo del 2012**

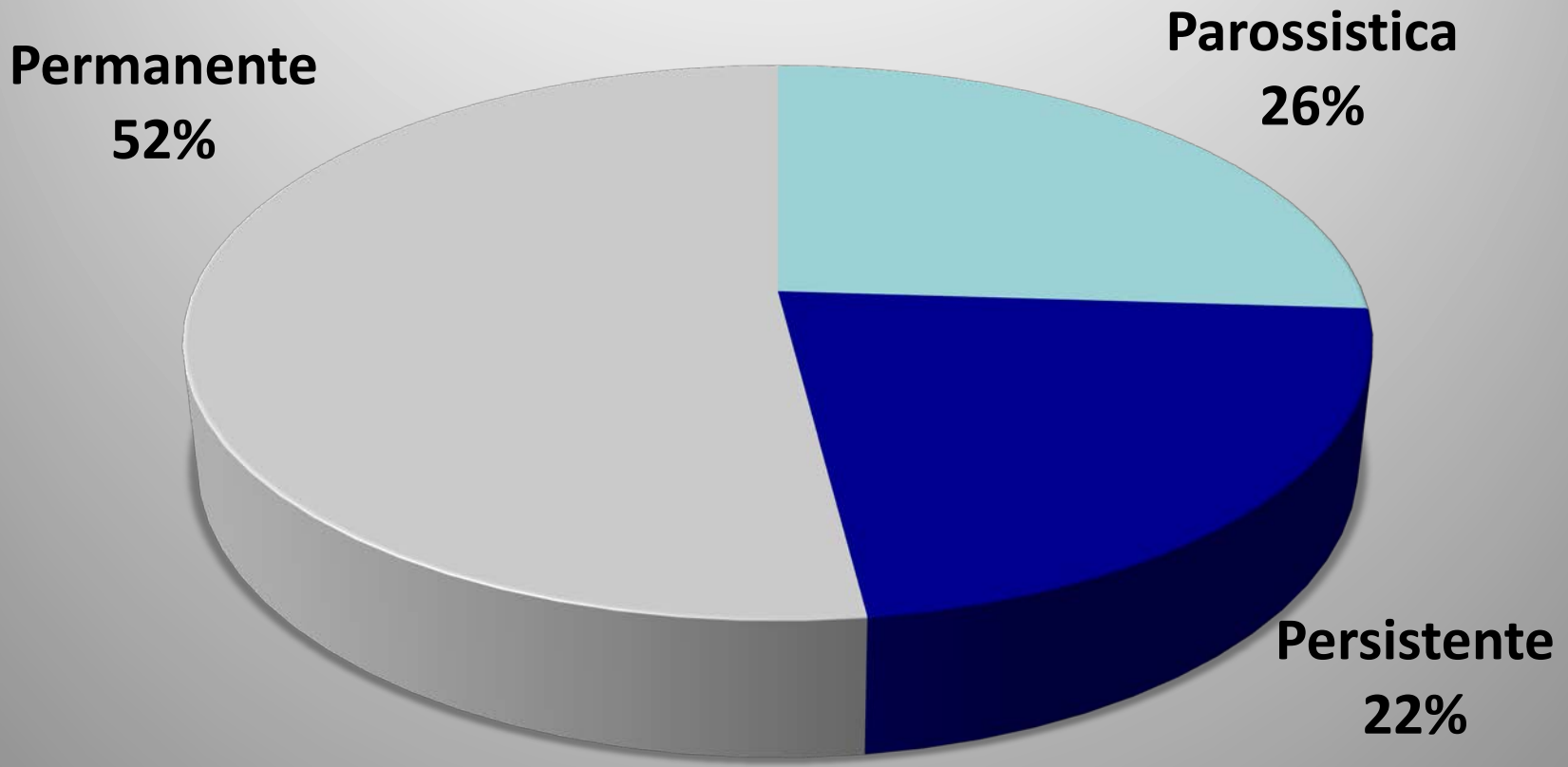
- **Reclutati 2079 pazienti affetti da FA, trattati o meno con terapia anticoagulante orale**

  - **Giunti progressivamente, per un periodo di 10 mesi (maggio 2011-marzo 2012), presso gli ambulatori di 43 U.O. di Cardiologia**
  - **I centri partecipanti erano strutture sanitarie pubbliche (o ad esse equiparate) o private accreditate**

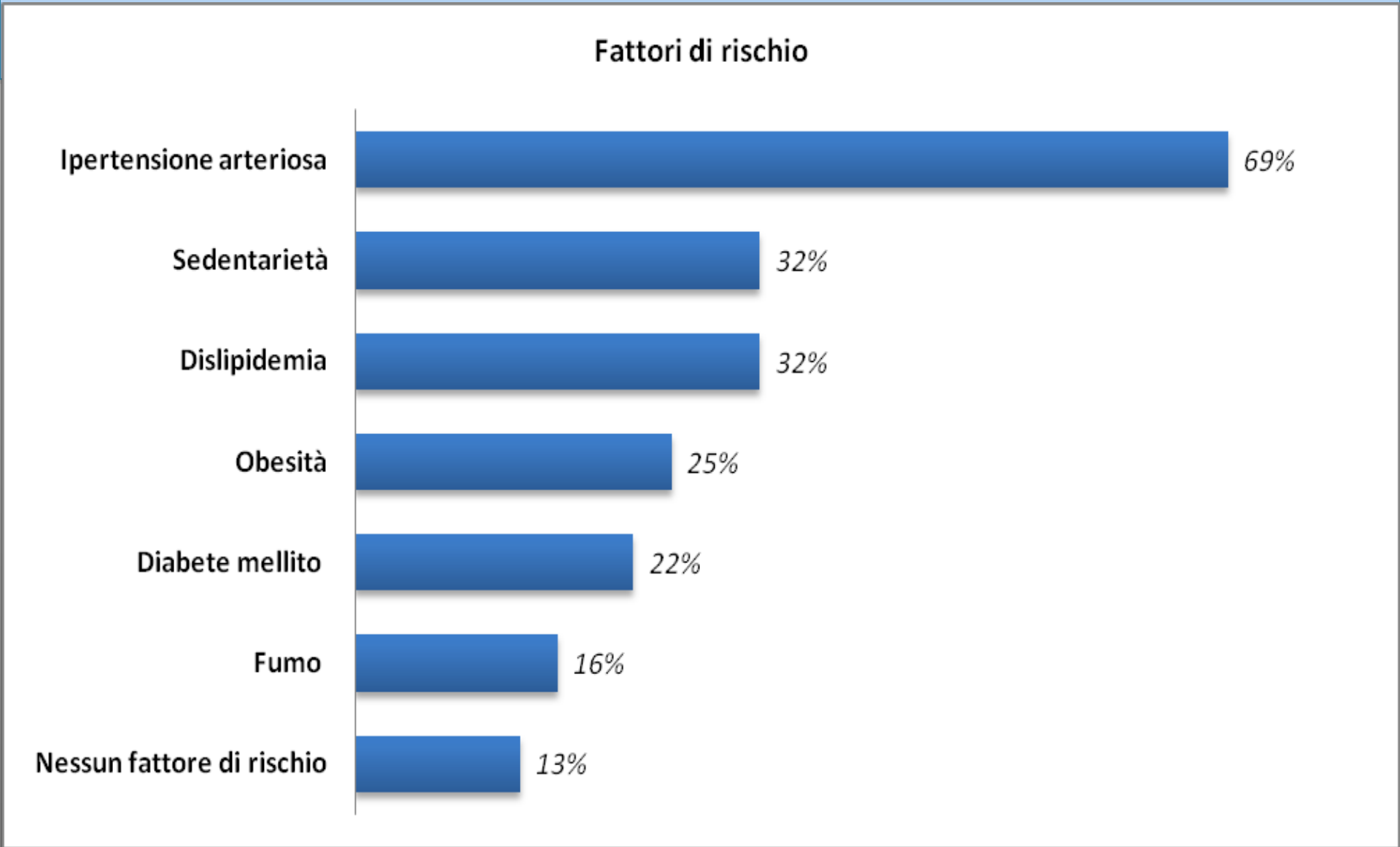
ISPAF (pz 2046)

Sesso	*uomo* 1099 (54%)
	donna 930 (46%)
Età	73.3 (± 10.16)
	<55 5
	55-64 13
	>65 82
Peso	75.6 (± 14,22)
Altezza	166.4 (± 8,59)
BMI	27.3 (± 4.7)

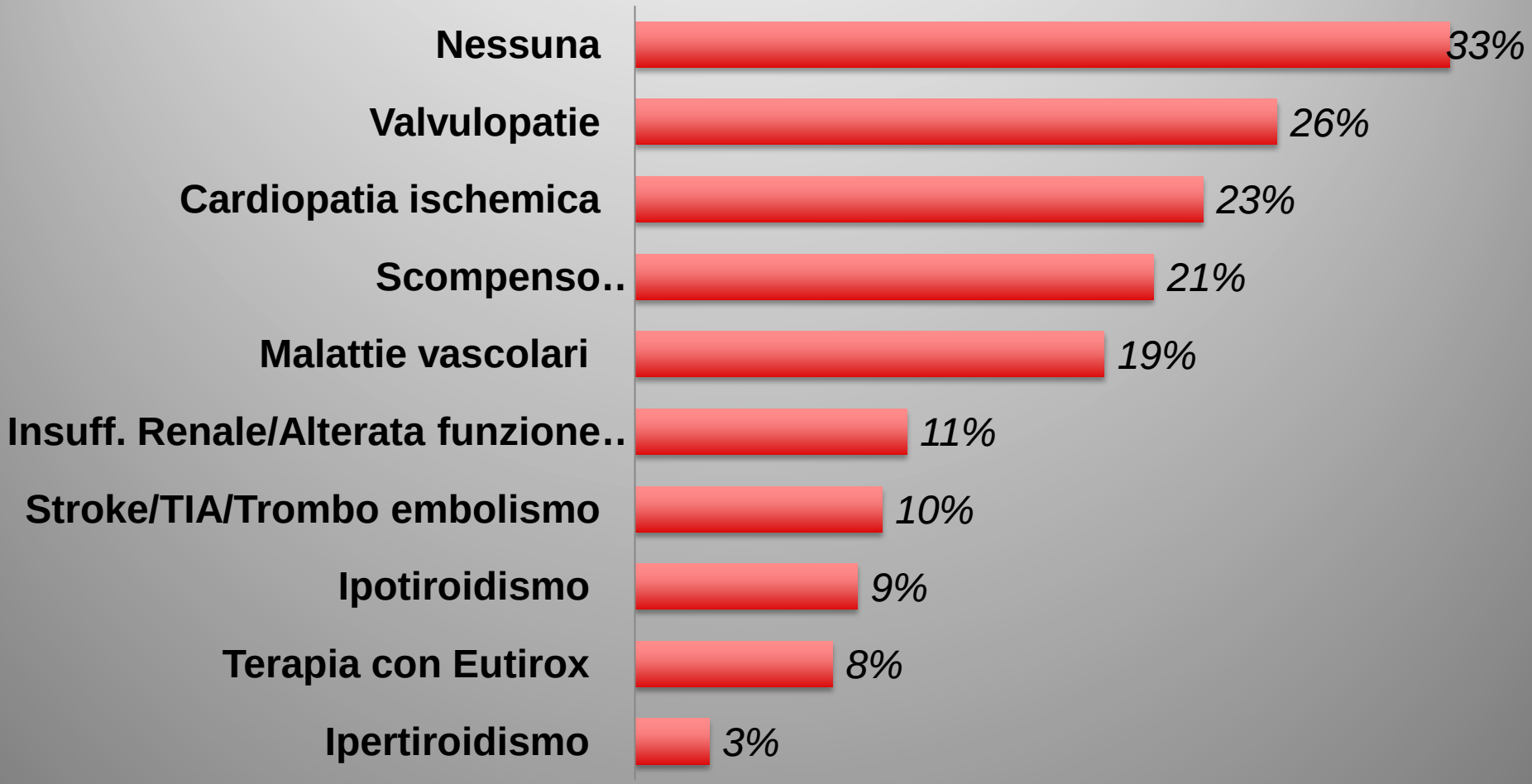
Tipologia di FA



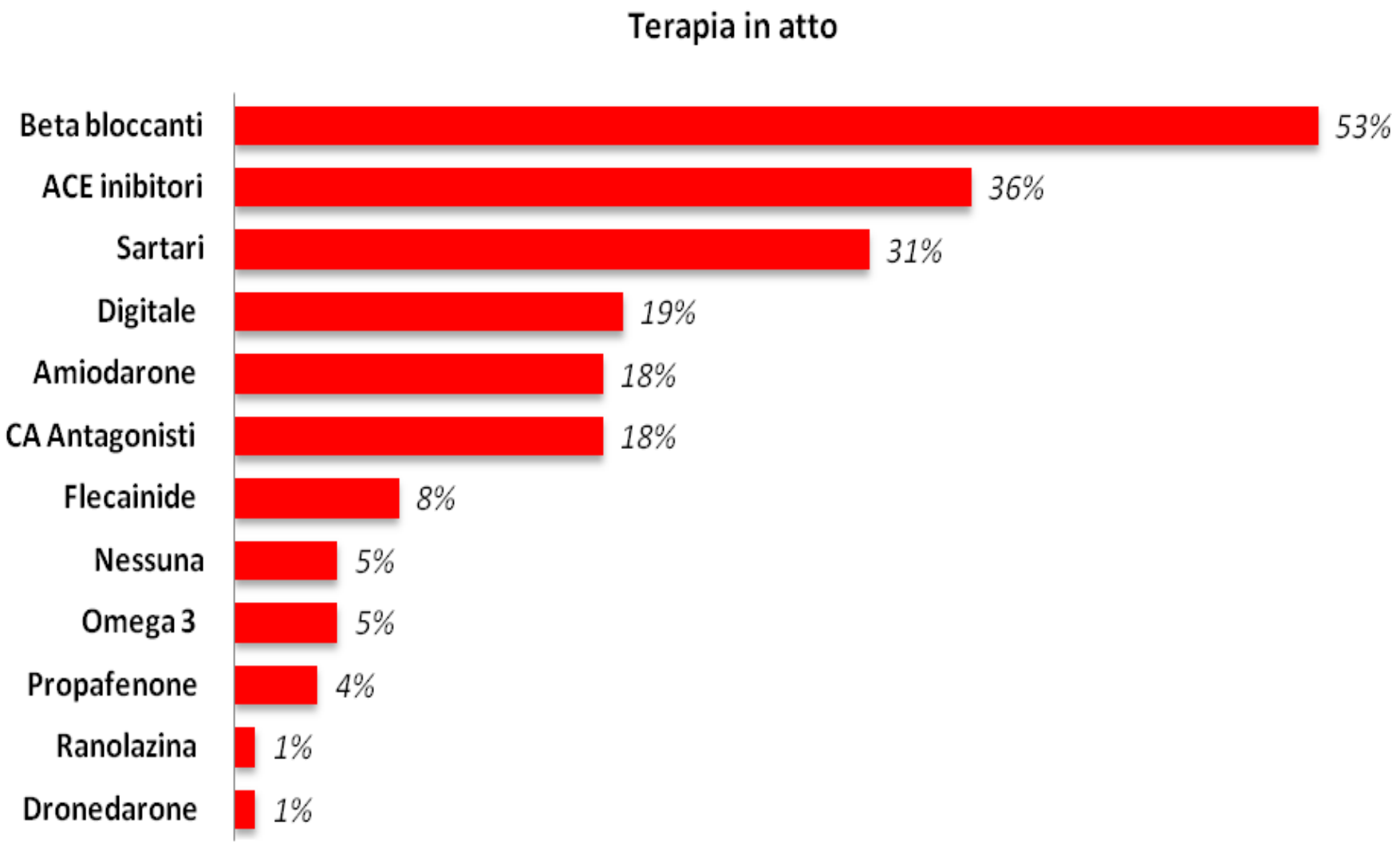
FATTORI DI RISCHIO



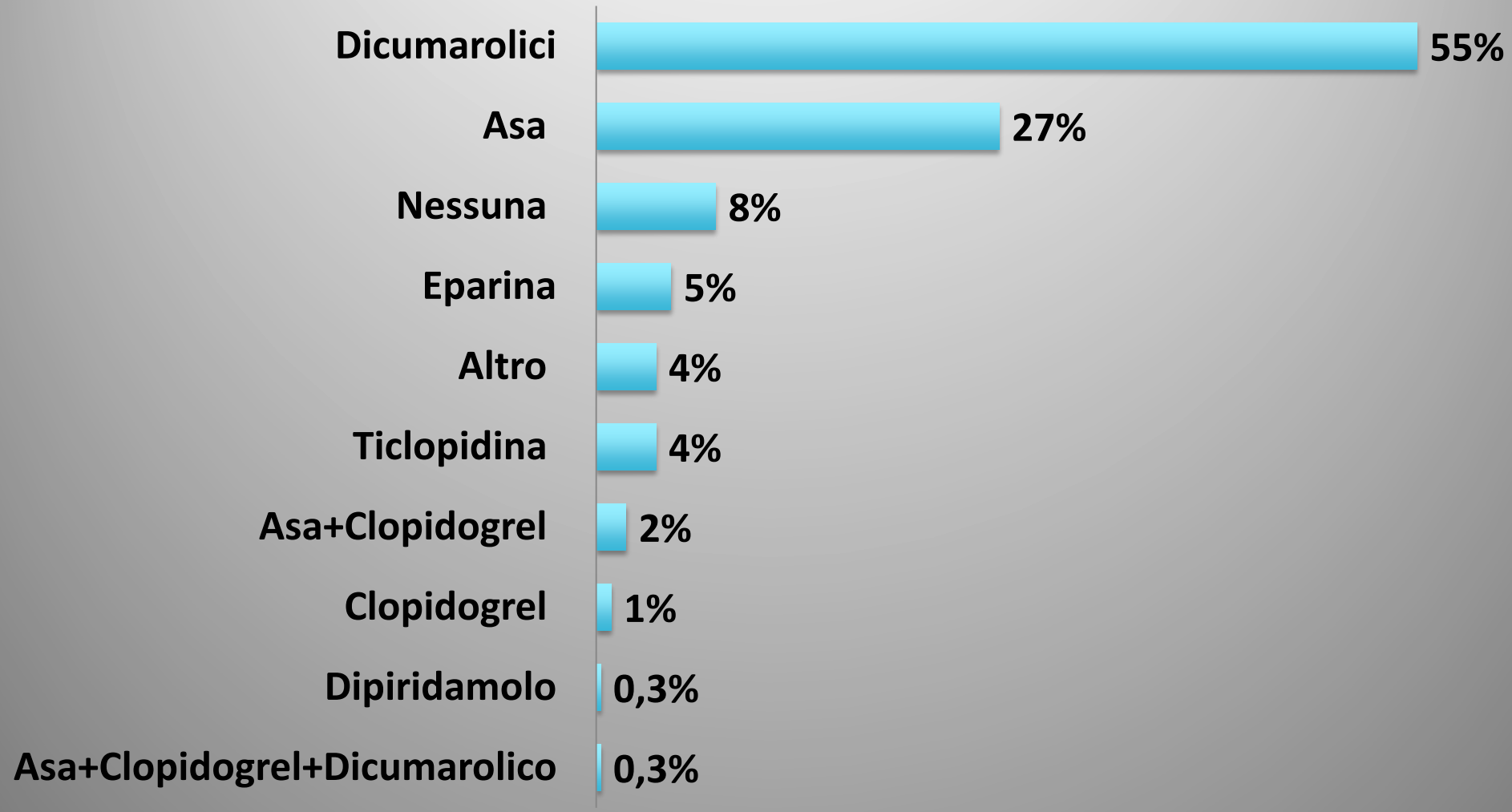
COMORBILITA’



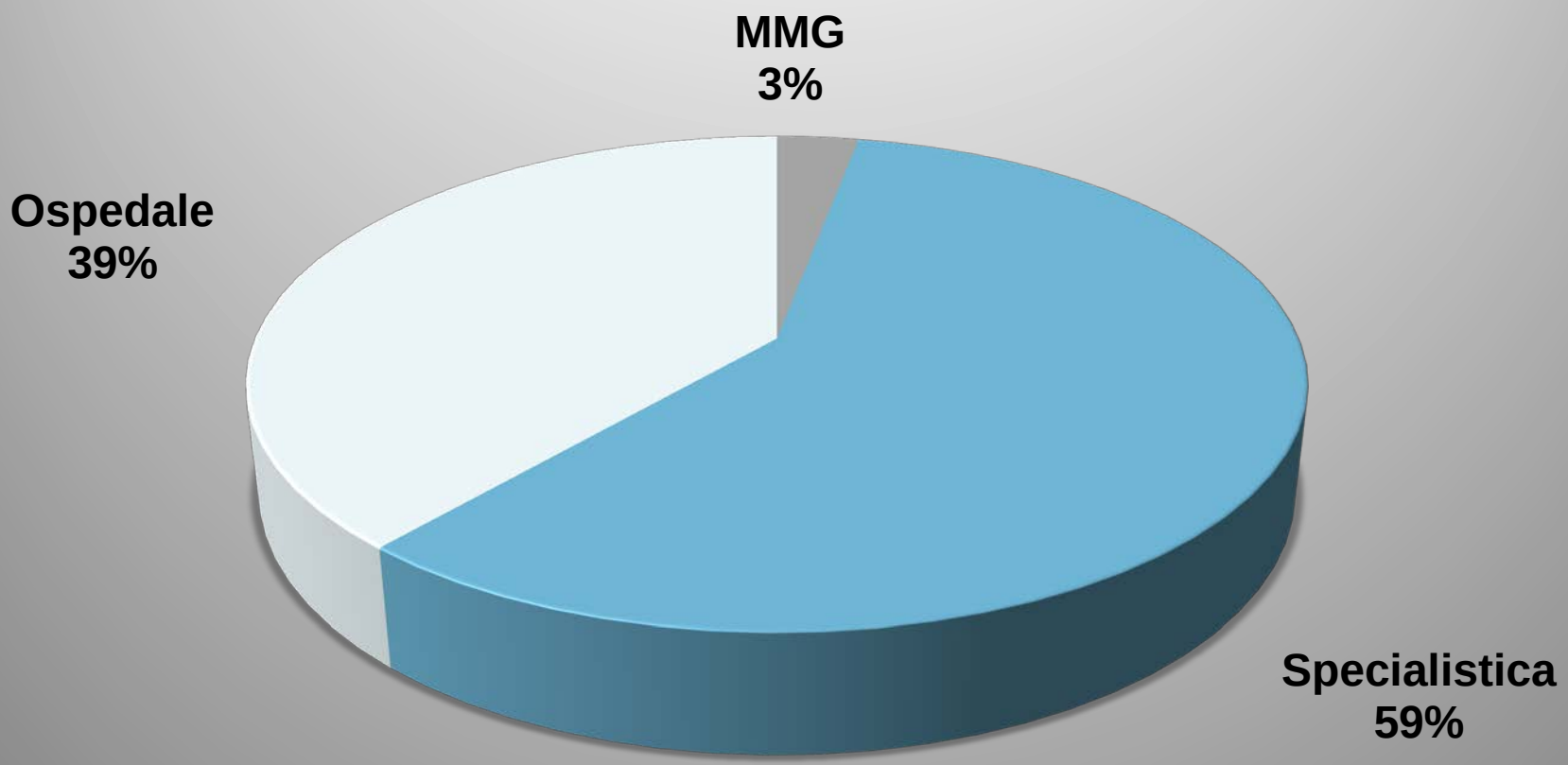
TERAPIA IN ATTO



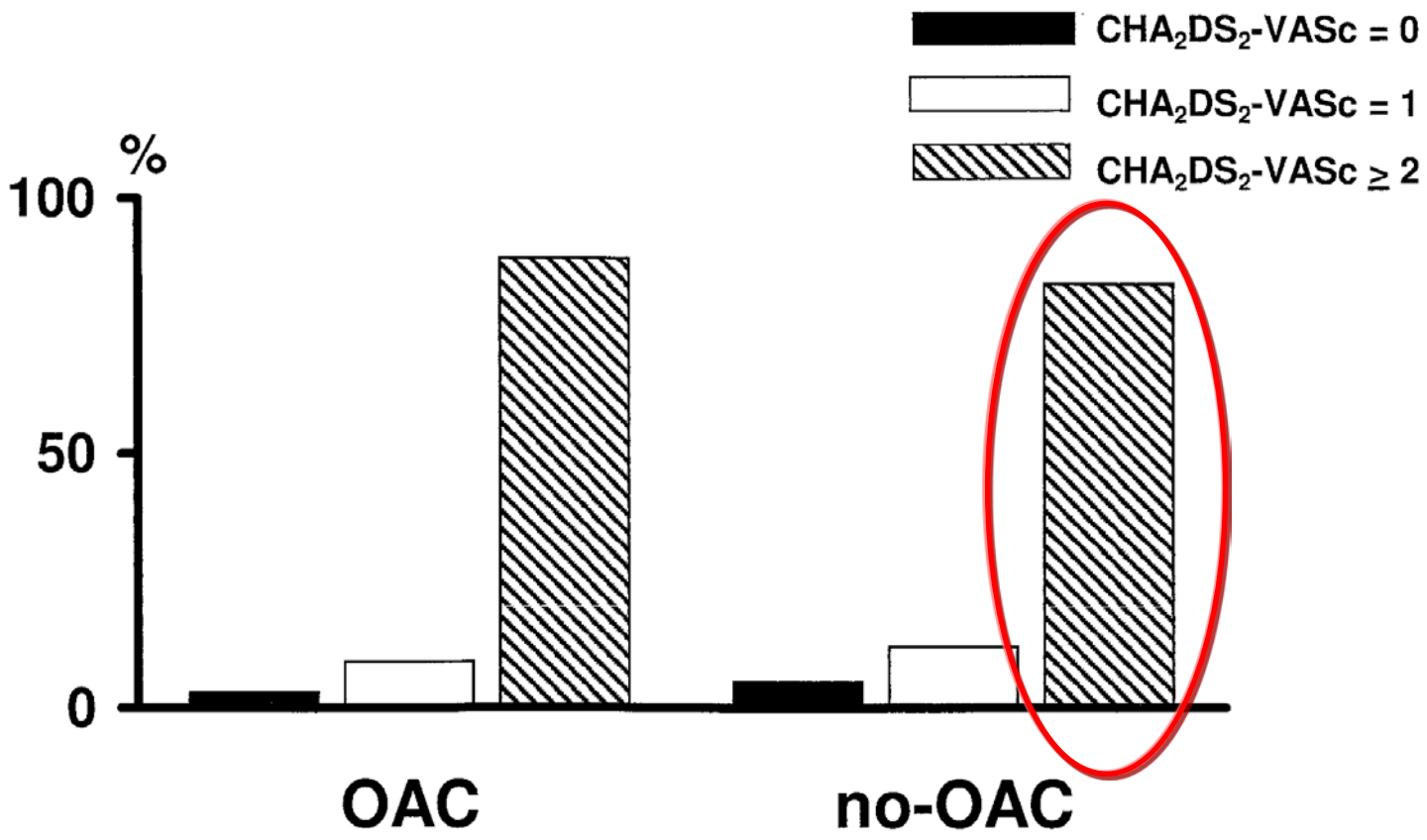
Prevenzione Tromboembolica



prescrizione TAO

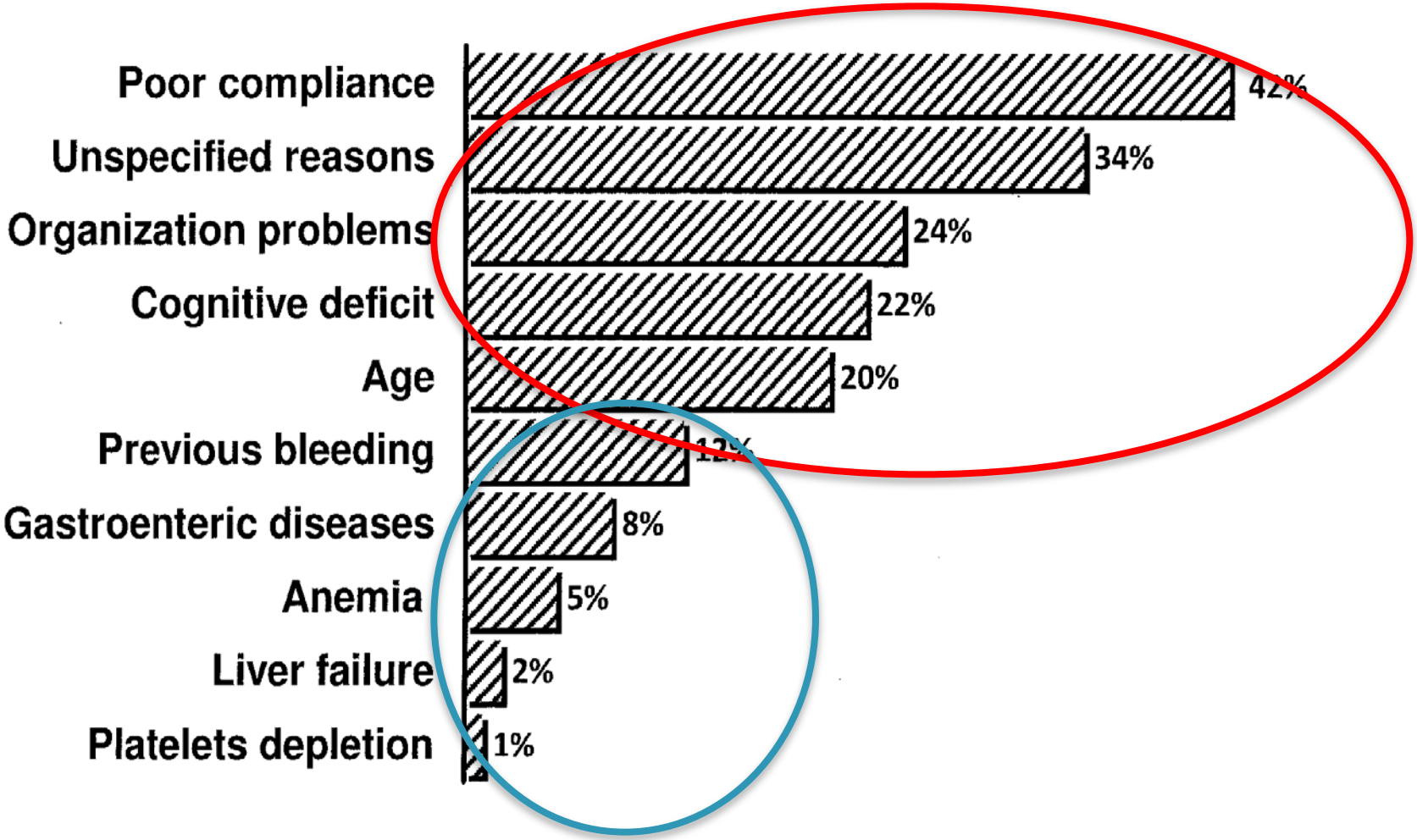


Distribution of patients assuming OAC as a function of thrombo-embolic risk according to CHA2DS2-VASc scoring system



ISPAF study , Int J of Cardiol submitted

Reasons of non-prescription of anticoagulation therapy



ISPAF study , Int J of Cardiol submitted

OAC and combined thrombo-embolia and hemorrhagic risk

%)

ISPAF study , Int J of Cardiol submitted

Anticoagulation – General (Cont..)

Recommendations	Class	Level
In patients with a CHA_2DS_2-VASc score of 0 (i.e., aged <65 years with lone AF) who are at low risk, with none of the risk factors, no antithrombotic therapy is recommended.	I	B

[d] = pending EMA/FDA approval – prescribing information is awaited

European Heart Journal 2012;33:2719-2747 - doi:10.1093/eurheartj/ehs253

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OAC and combined thrombo-embolia and hemorrhagic risk



%)

ISPAF study , Int J of Cardiol submitted

Anticoagulation – General (Cont..)

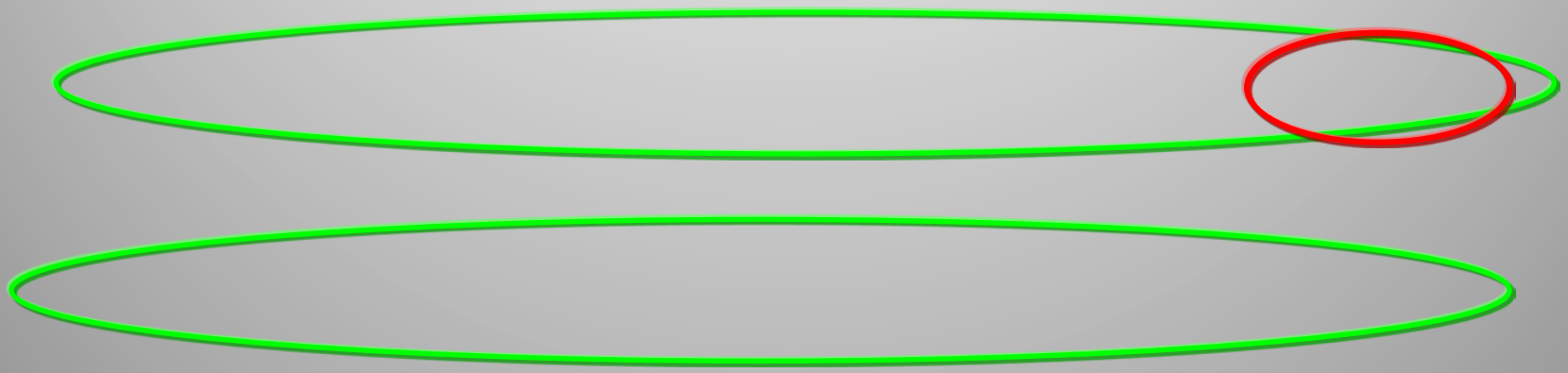
Recommendations	Class	Level
In patients with a CHA_2DS_2-VASc score ≥2, OAC therapy with: • adjusted-dose VKA (INR 2–3); or • a direct thrombin inhibitor (dabigatran); or • an oral factor Xa inhibitor (e.g., rivaroxaban, apixaban)[d] …. is recommended, unless contraindicated.	I	A

[d] = pending EMA/FDA approval – prescribing information is awaited

European Heart Journal 2012;33:2719-2747 - doi:10.1093/eurheartj/ehs253

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OAC and combined thrombo-embolia and hemorrhagic risk



%)

ISPAF study , Int J of Cardiol submitted

Anticoagulation – General (Cont..)

Recommendations	Class	Level
In patients with a CHA_2DS_2-VASc score of 1, OAC therapy with: • adjusted-dose VKA (INR 2–3); or • a direct thrombin inhibitor (dabigatran); or • an oral factor Xa inhibitor (e.g., rivaroxaban, apixaban)[d] …. should be considered, based upon an assessment of the risk of bleeding complications and patient preferences.	IIa	A

[d] = pending EMA/FDA approval – prescribing information is awaited

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OAC and combined thrombo-embolia and hemorrhagic risk



ISPAF study , Int J of Cardiol submitted

Distribution of patients on OAC at target or not at target as function of the type of atrial fibrillation

Type of Atrial Fibrillation



not at target/target

ISPAF study , Int J of Cardiol submitted

Effectiveness of OAC in relation to the type of INR monitoring

Type of OAC monitoring

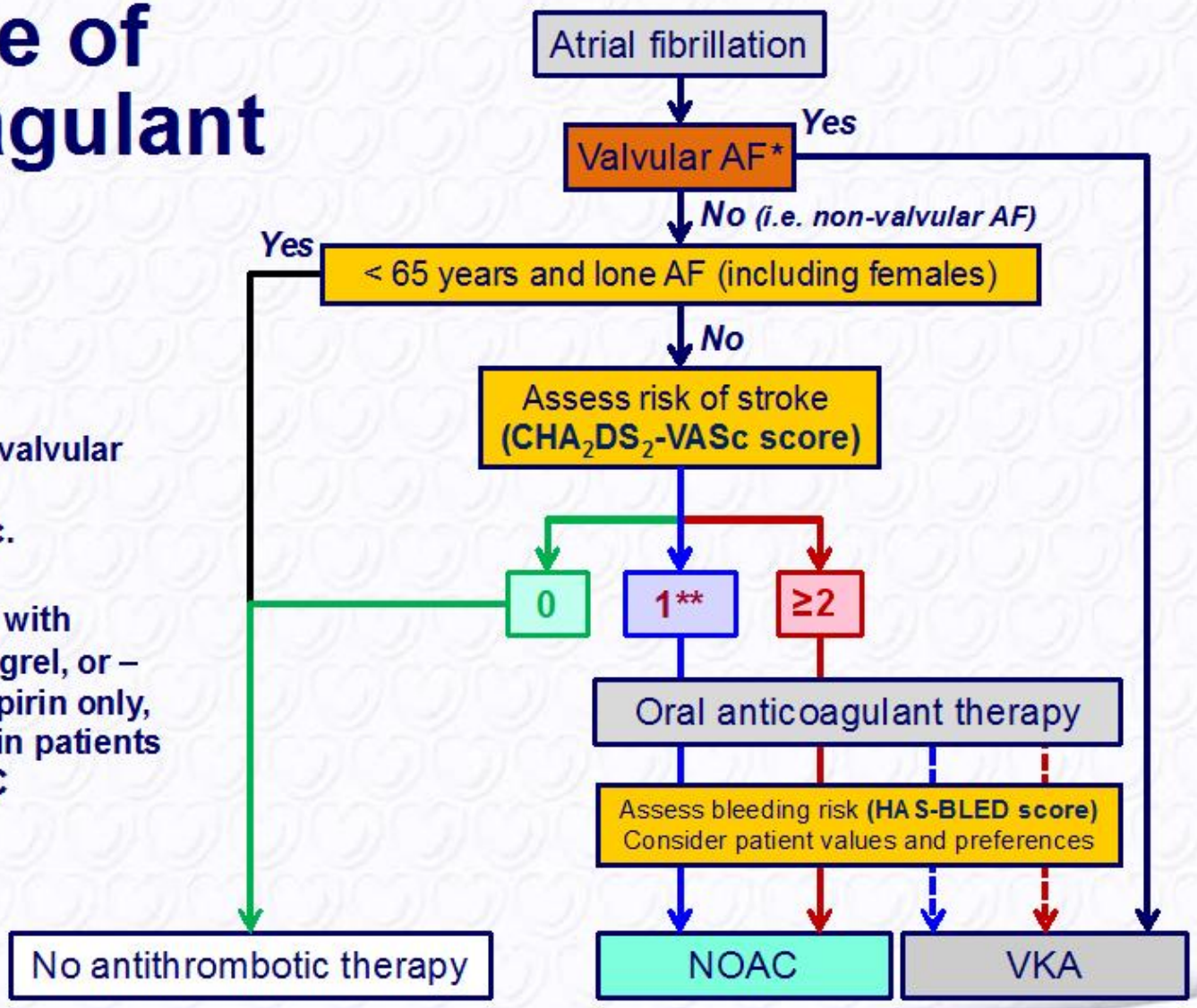
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ISPAF study , Int J of Cardiol submitted

Conclusioni

- **L' INCIDENZA DI FA STA ASSUMENDO RILEVANZA DI EPIDEMIA E SUBISCE UNA VERA IMPENNATA AL DI SOPRA DEI 70 ANNI**
- **LA TERAPIA DI PREVENZIONE DELLA TROMBOEMBOLIA NON E' ADEGUATA O NON CORRETTAMENTE IMPLEMENTATA IN BUONA PARTE DEI PZ**
- **LE PRINCIPALI CAUSE SONO CORRELATE A PROBLEMI ORGANIZZATIVI LOGISTICI E NON AD EVENTI AVVERSI IMPORTANTI**
- **LE RECENTI LINEE GUIDA CI MOSTRANO TARGET PRECISI DI POPOLAZIONE DA INDIVIDUARE ATTRAVERSO GLI SCORE DI RISCHIO TROMBOEMBOLICO ED EMORRAGICO**

Choice of Anti-coagulant



- Includes rheumatic valvular AF, hypertrophic cardiomyopathy, etc.

** Antiplatelet therapy with aspirin plus clopidogrel, or – less effectively – aspirin only, may be considered in patients who refuse any OAC

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