

Jolanta Zyczkowska,
Collegium Medicum Jagiellonian University, Cracow, Poland, jz@astor.com.pl

Guidelines for treatment of Atrial Fibrillation in elderly

Atrial fibrillation (AF) is the most common sustained cardiac rhythm disturbance, increasing in prevalence with age. (<1% before age 50 to 8-10% after age 80). Hemodynamic impairment and thromboembolic events related to AF result in significant morbidity and mortality. The risk of a stroke increases with age.

Differences in the AF in the elderly compared to younger patients:

1. higher prevalence of associated diseases
2. more frequent asymptomatic AF
3. more often chronic than intermittent AF
4. higher thromboembolic risk
5. greater risk of bleeding from anticoagulation
6. greater side effects from antiarrhythmic drugs and differences in drug metabolism

Management of AF:

1. The rate control may be a reasonable therapy in older patients with AF. The trial AFFIRM found no significant differences in mortality or quality of life in patients assigned to a rate control strategy versus a rhythm control strategy.
2. Beta blockers and calcium channel blockers need to be started at low doses and titrated upward slowly. Bradycardia and heart block may occur as an unwanted effect of beta blockers, amiodarone, digoxin, calcium channel blockers especially in the elderly patients.
3. Dofetilide sotalol and flecainide require dose adjustment for renal insufficiency.
4. Flecainide and propafenone should not be given to patients with heart disease, which is common in elderly.
5. Adjusted dose oral anticoagulation is highly efficacious for prevention of all stroke (both ischemic and hemorrhagic).
6. Ablation should be offered only to elderly patients with significant symptoms who have failed medical therapy for rhythm control. The risk of complications must be taken into consideration.
7. Use of ACE-I, angiotensin receptor blockers, statins and beta blockers may be associated with a reduced incidence of AF.

Conclusions: AF is a disease of the elderly. AF is less symptomatic in this population. Rate control strategy is appropriate in most elderly patients with AF. Stroke risk is high and should be reduced by warfarin. Optimal management of AF in the elderly differs with respect to younger patients.

Biography:

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