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Antithrombotic therapy in atrial fibrillation in the elderly

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Background: Atrial fibrillation is the most common cardiac arrhythmia and is characterized by irregular and rapid heart rhythm. The prevalence is higher in man and is increases with age. Affected patients may be at higher risk for death from stroke and other thromboembolic events, heart failure and cardiovascular disease. The treatment of atrial fibrillation in the elderly involves reversing the factors that cause atrial fibrillation, slowing the heart rate with medications and converting atrial fibrillation to a sinus rhythm with medication or electrical cardioversion. Patients with permanent atrial fibrillation may need catheter ablation or implantation of atrial pacemaker.

Aim: The adequate management of elderly patients with diagnosed atrial fibrillation.

Methods: Quantitative data analysis of 60 patients aged 65-80years with atrial fibrillation. Patients had associated cardiovascular disease, diabetes, hypertension, chronic obstructive pulmonary disease or prior surgery. We extract the most distressing symptoms - palpitations, tachycardia, fatigue, weakness, dizziness, lightheadedness, reduced exercise capacity, dyspnea, angina, syncope. Patients had they risk assessed and treatment was establish based on their personal characteristics and the guideline recommendations. All patients had a six months follow up.

Results: Based on the CHADS2 score for atrial fibrillation we evaluate the ischemic stroke risk in this patients: 10% (6 patients) had congestive heart failure' 100% (60) had hypertension,15% (9) had diabetes, 5% (3) had chronic obstructive pulmonary disease, 16.66%(10) vascular disease, 8.33%(5) had history of cerebral ischemia. Among them, 53.33%(32 patients) had intermediate risc of stroke received aspirin and 46.66%(24 patient) had high risk and receive antithrombotic therapy. After six months, the thromboembolic events were higher in the group of patient receiving aspirin.

Conclusions: Antithrombotic therapy reduces risk of stroke and other throboembolic events in patients with atrial fibrillation. Unless the risk of bleeding is exceedingly high, anticoagulation is required for most elderly patients.