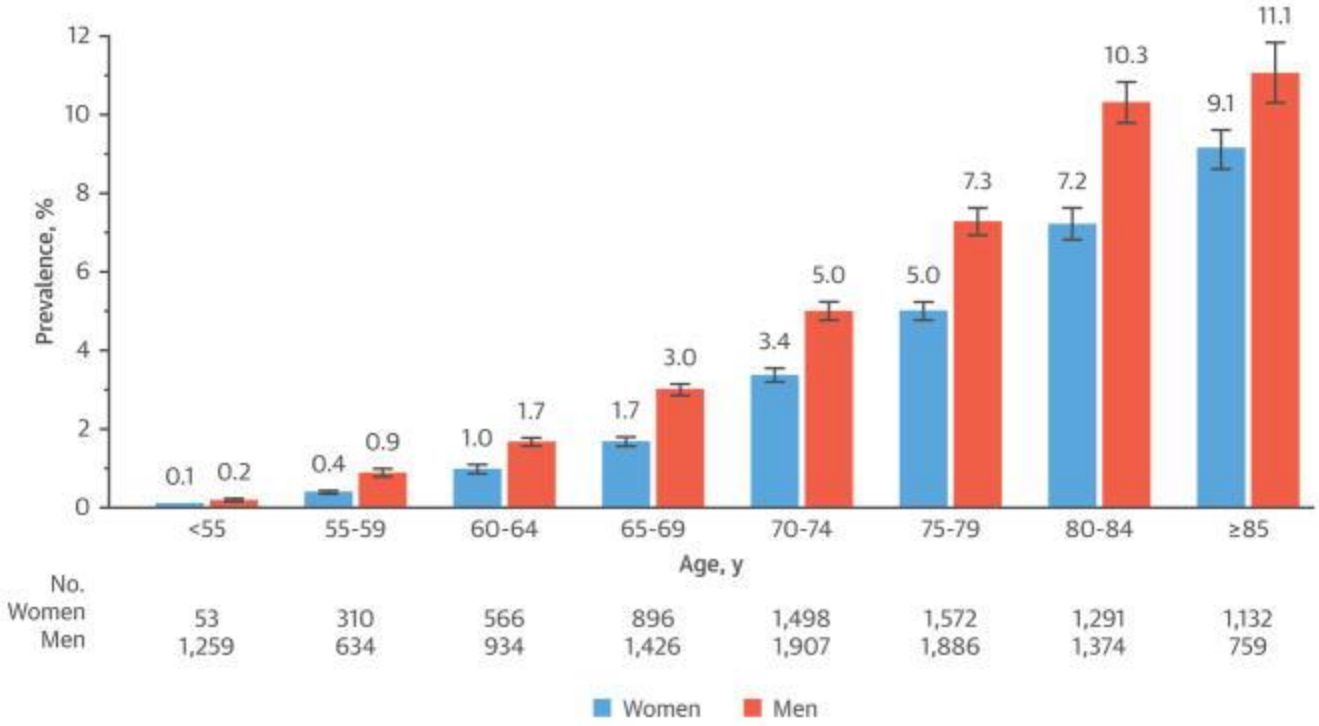
Comment je traite mes « vieux » patients en FA : du bon sens !

Didier Klug
Institut Cardiopulmonaire Lille

Probabilité du maintient en rythme sinusal diminue avec l'âge



Avec l'âge plus de comorbidités, plus de pathologies cardiovasculaire, des oreillettes plus pathologiques

Une probabilité de maintient en rythme sinusal plus faible

Rigidité artérielle

Diabète

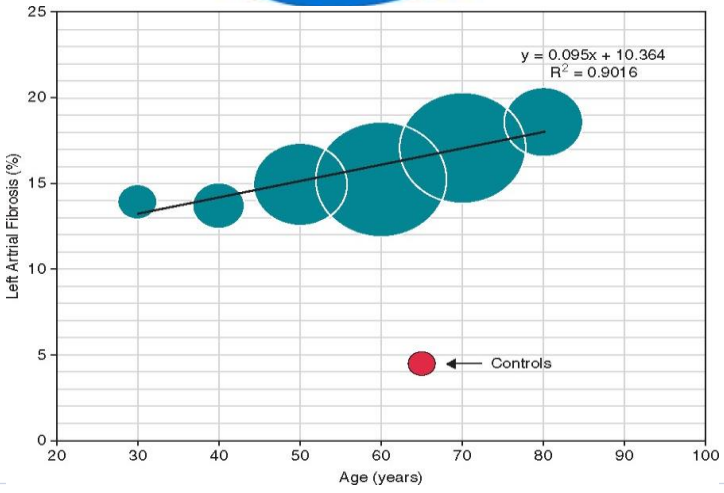
HTA

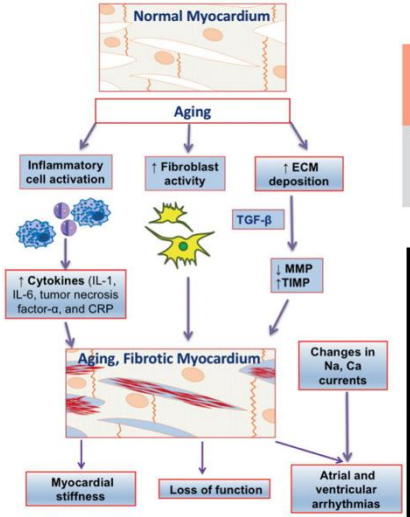
Sédentarité

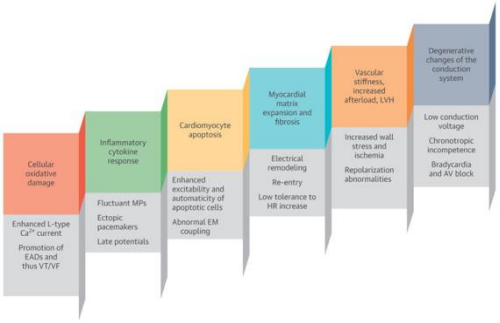
Obésité

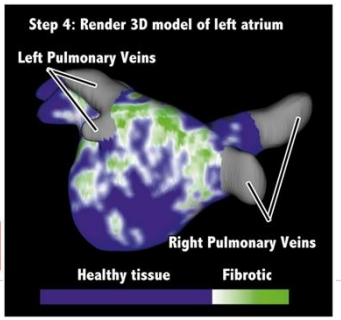
Insuffisance cardiaque

Pathologies coronaires



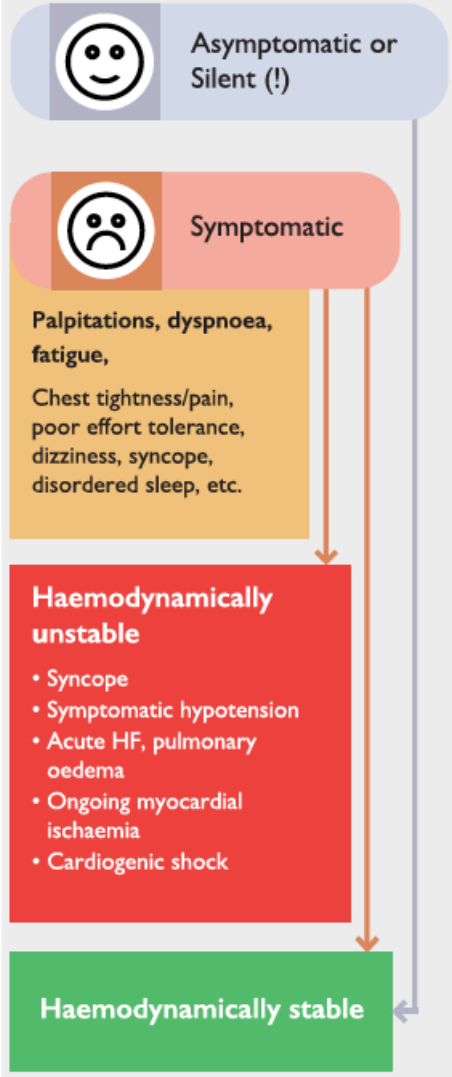






Europace, Volume 20, Issue 7, July 2018, Pages 1086–1092, https://doi.org/10.1093/europace/eux260

Clinical Presentation



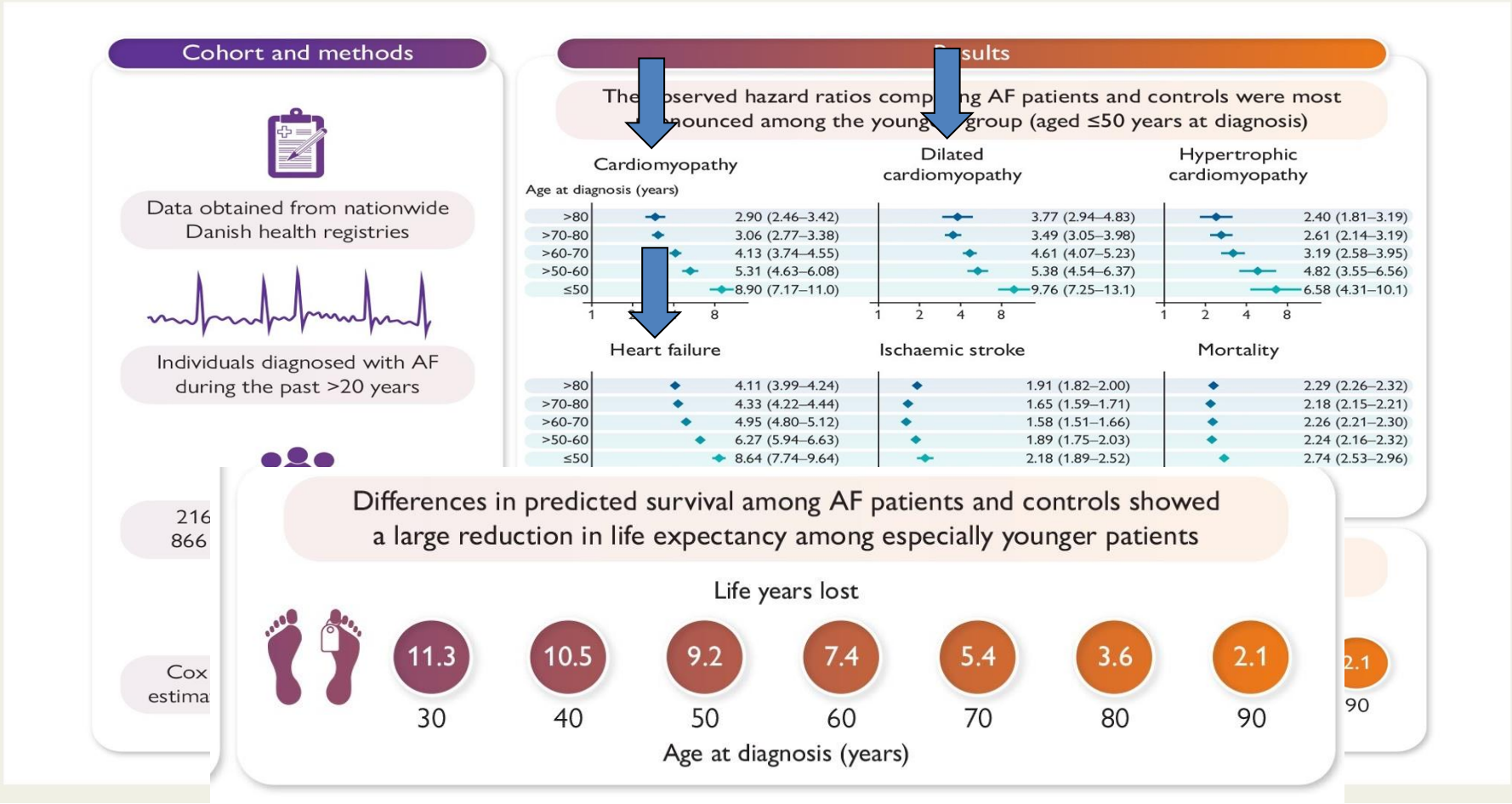
AF-related OUTCOMES

AF-Related Outcome	Frequency in AF	Mechanism(s)
Death	1.5 - 3.5 fold increase	Excess mortality related to: • HF, comorbidities • Stroke
Stroke	20-30% of all ischaemic strokes, 10% of cryptogenic strokes	• Cardioembolic, or • Related to comorbid vascular atheroma
LV dysfunction / Heart failure	In 20-30% of AF patients	• Excessive ventricular rate • Irregular ventricular contractions • A primary underlying cause of AF
Cognitive decline / Vascular dementia	HR 1.4 / 1.6 (irrespective of stroke history)	• Brain white matter lesions, inflammation, • Hypoperfusion, • Micro-embolism
Depression	Depression in 16-20% (even suicidal ideation)	• Severe symptoms and decreased QoL • Drug side effects
Impaired quality of life	>60% of patients	• Related to AF burden, comorbidities, psychological functioning and medication • Distressed personality type
Hospitalizations	10-40% annual hospitalization rate	• AF management, related to HF, MI or AF related symptoms • Treatment-associated complications

Atrial fibrillation: age at diagnosis, incident cardiovascular events, and mortality

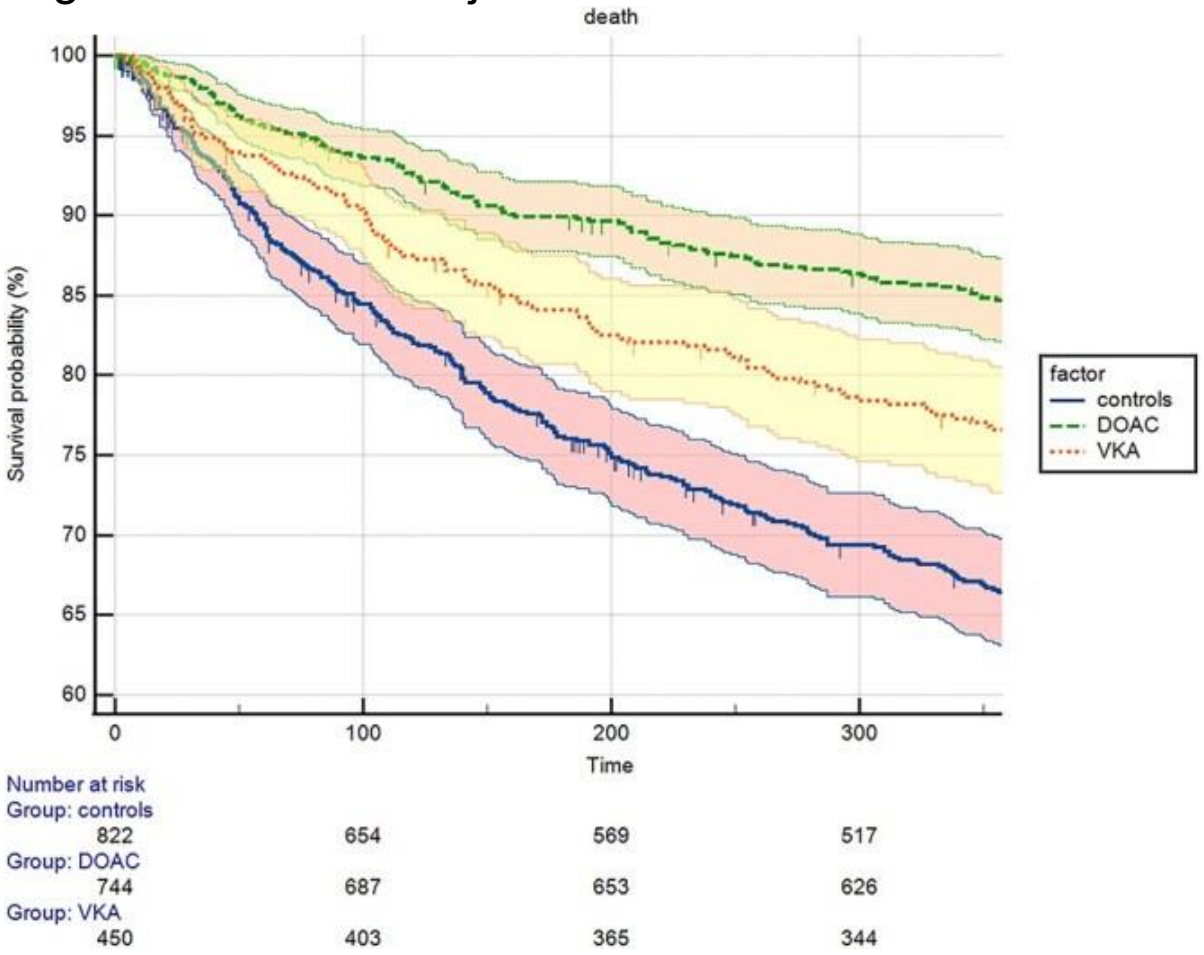
Take Home Message

Younger AF patients display increased hazard ratios of subsequent myocardial disease and shorter life expectancy compared with older AF patients. Thus, AF may be an important marker of subsequent disease and mortality.



Eur Heart J, Volume 45, Issue 24, 21 June 2024, Pages 2119–2129,

Frailty and anticoagulants in older subjects with atrial fibrillation: the EUROSAF study

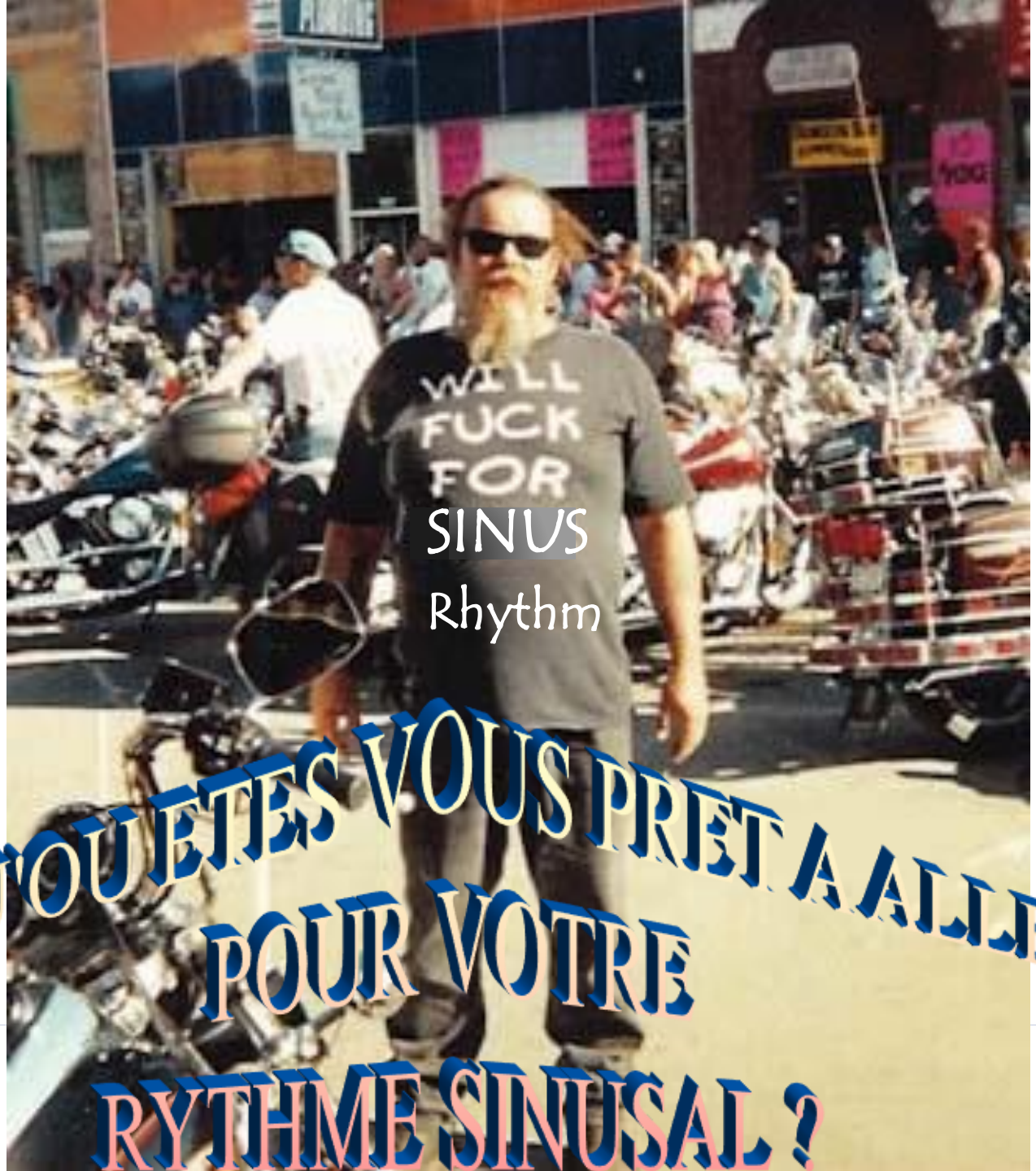


les AOD, sont associé à une réduction de la mortalité indépendamment de l'état de fragilité des patients, sans augmentation significative des événements hémorragiques incidents

La prise en charge du trouble du rythme

Que proposer au patient pour son arythmie ?

- **Contrôle du rythme**
  - Je restaure un rythme sinusal
- **Contrôle de fréquence**
  - Je laisse le patient en FA et contrôle sa fréquence cardiaque



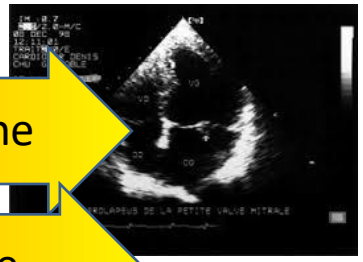
SINUS

Rhythm

JUSQU'OU ETES VOUS PRET A ALLER POUR VOTRE RYTHME SINUSAL ?

Controle du rythme

Controle de fréquence



Mauvaise **Tolérance** bonne

élevée **Fréquence cardiaque** basse

jeune **Age** élevé

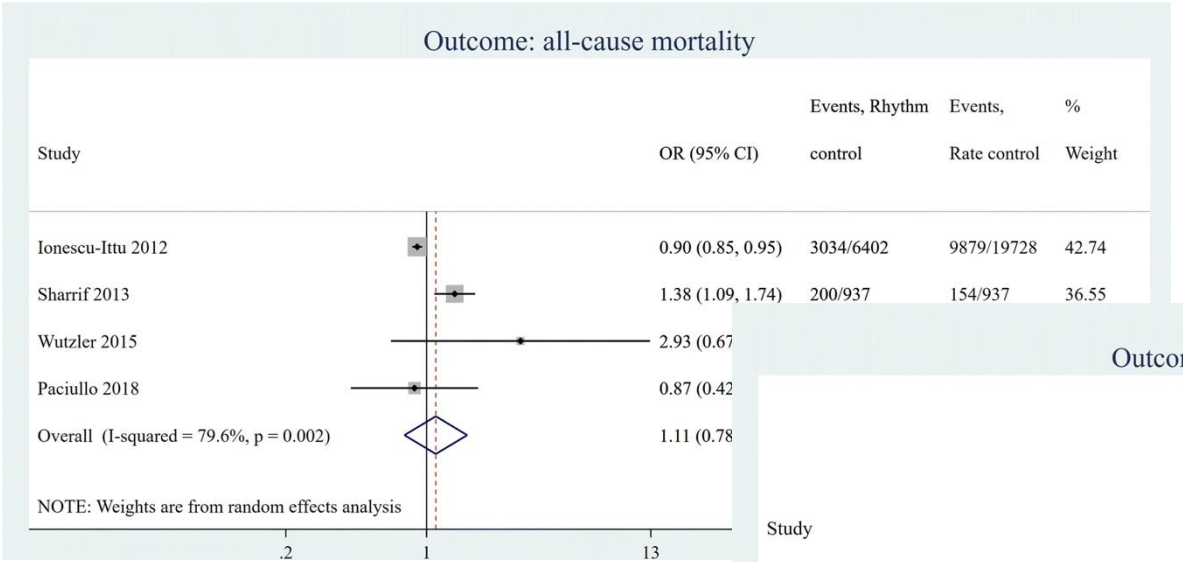
Basse **Comorbidités**

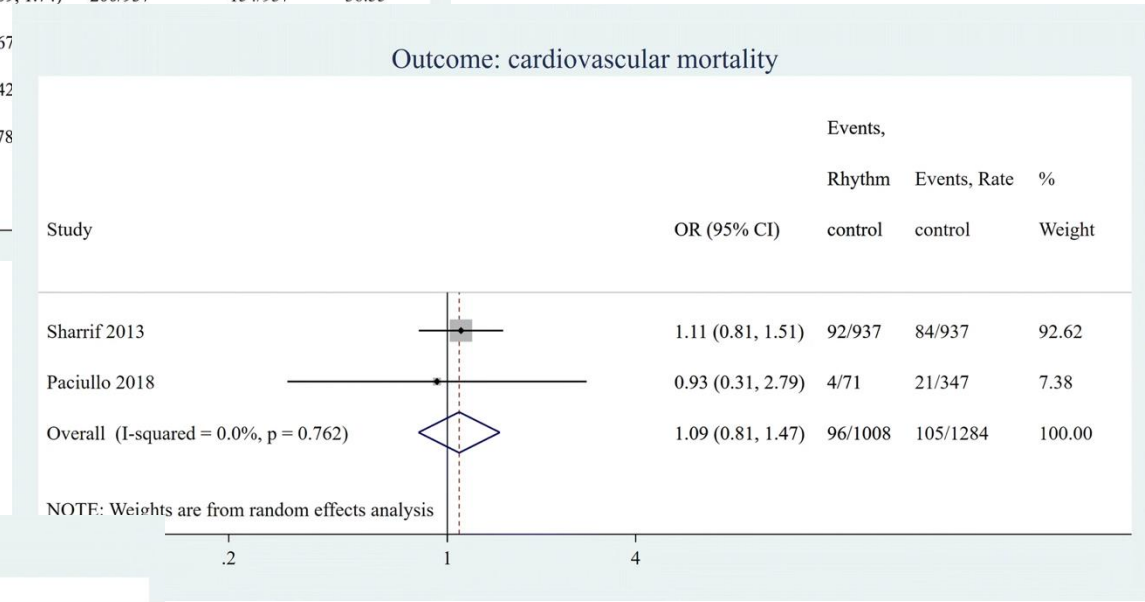
Probabilité de succès

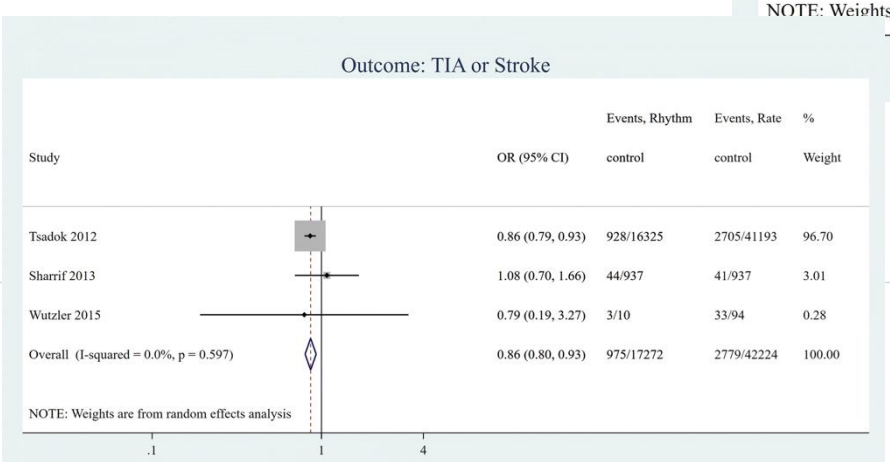
Taille de l'oreillette gauche

Cardiopathie

Clinical Outcomes of Rate vs Rhythm Control for Atrial Fibrillation in Older People: A Systematic Review and Meta-Analysis



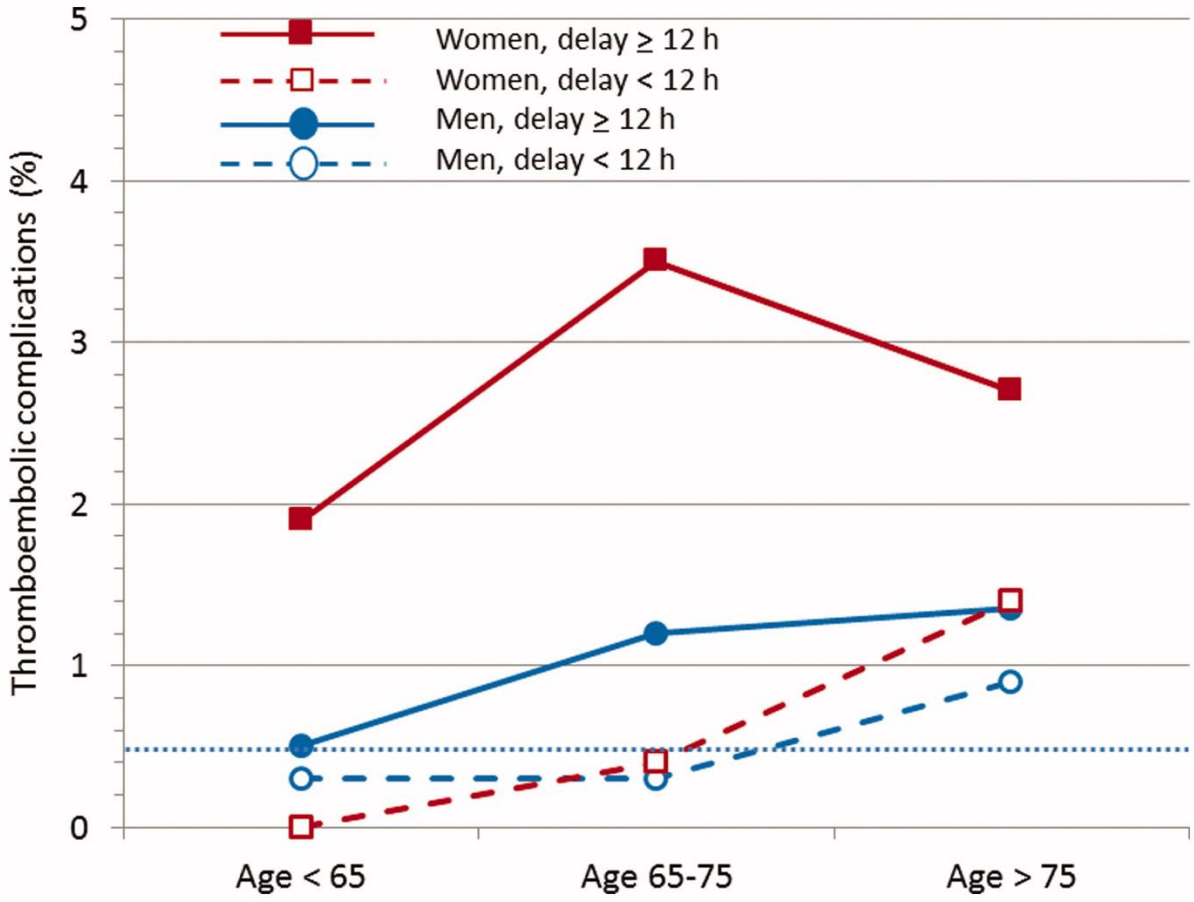




Chez la personne âgée
On a le choix !

On a rien sans risque

Thromboembolic complications, sex, age, and time to cardioversion



Ann Med 2017 May;49(3):254-259.

Electrical Cardioversion of Atrial Fibrillation and the Risk of Brady-Arrhythmic Events

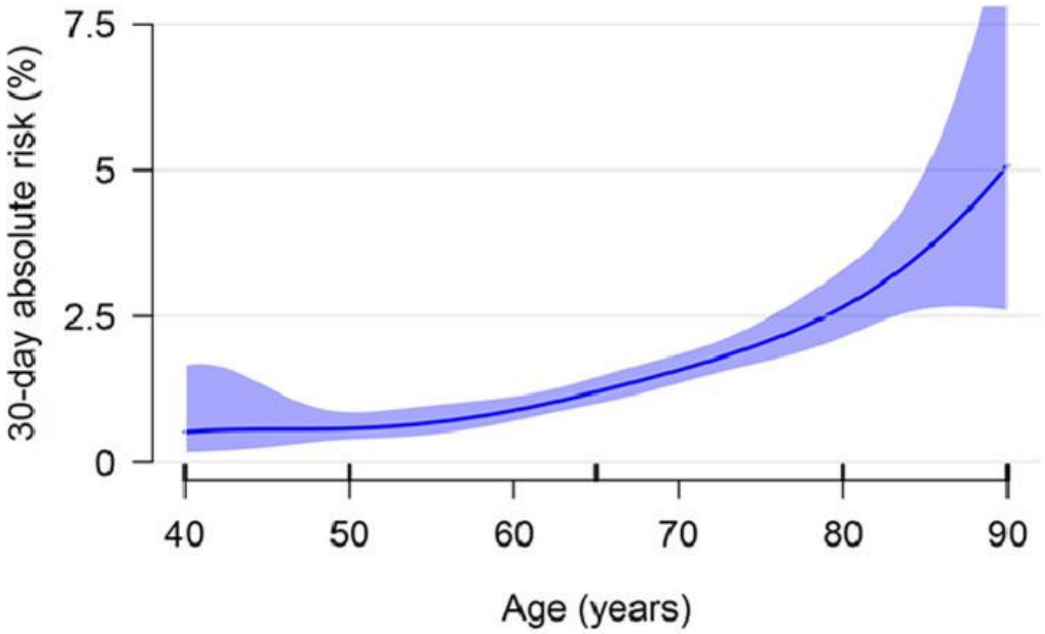
What is the risk of brady-arrhythmic complications in patients with atrial fibrillation undergoing non-emergent electrical cardioversion ?

Nationwide study population of 20,725 patients undergoing their first non-emergent electrical cardioversion between 2005 and 2018

Primary outcome of brady-arrhythmic complications measured as a diagnosis of bradycardia or pacemaker implantation.

Electrical cardioversion conferred clinically relevant risks of brady-arrhythmic events, especially in older patients.

Figure: Absolute risk of brady-arrhythmic complications after electrical cardioversion of atrial fibrillation by age

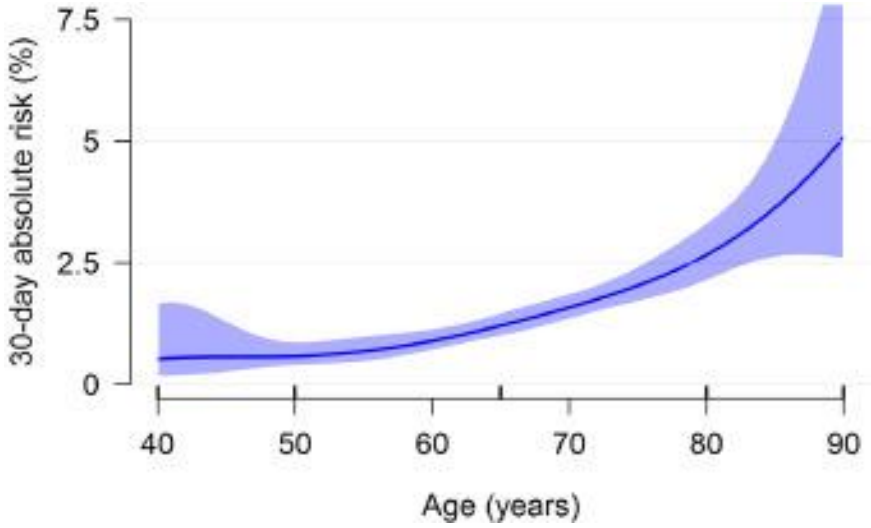


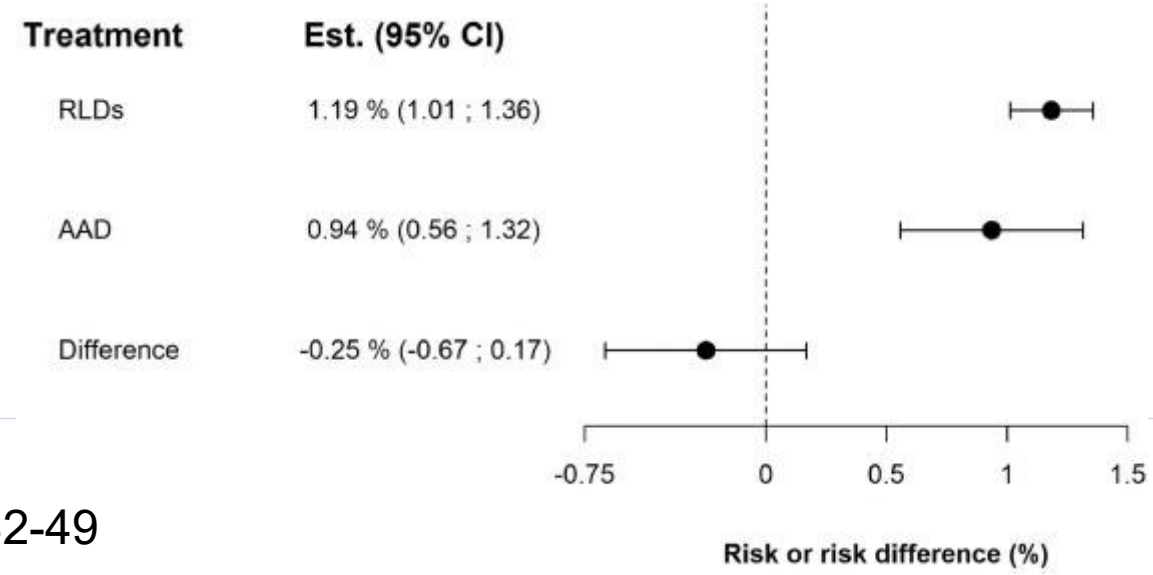
The x-axis depicts age continuously in years and the y-axis depicts the absolute risk of brady-arrhythmic events in percentage (%) with 95% confidence intervals (95% CI)

Am Heart J. 2022 Feb: 244:42-49

Electrical cardioversion of atrial fibrillation and the risk of brady-arrhythmic events

Danish nationwide registers 20,725 eligible patients with a median age of 66 years (IQR 60-72)

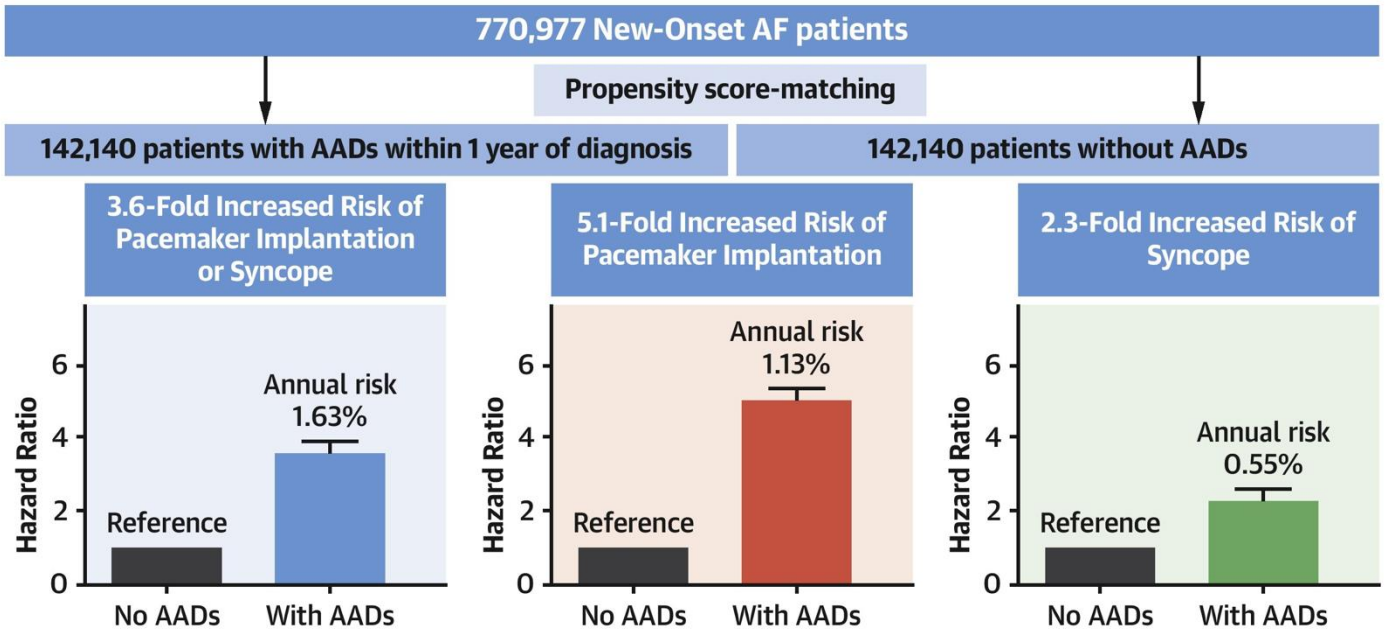




Am Heart J. 2022 Feb: 244:42-49

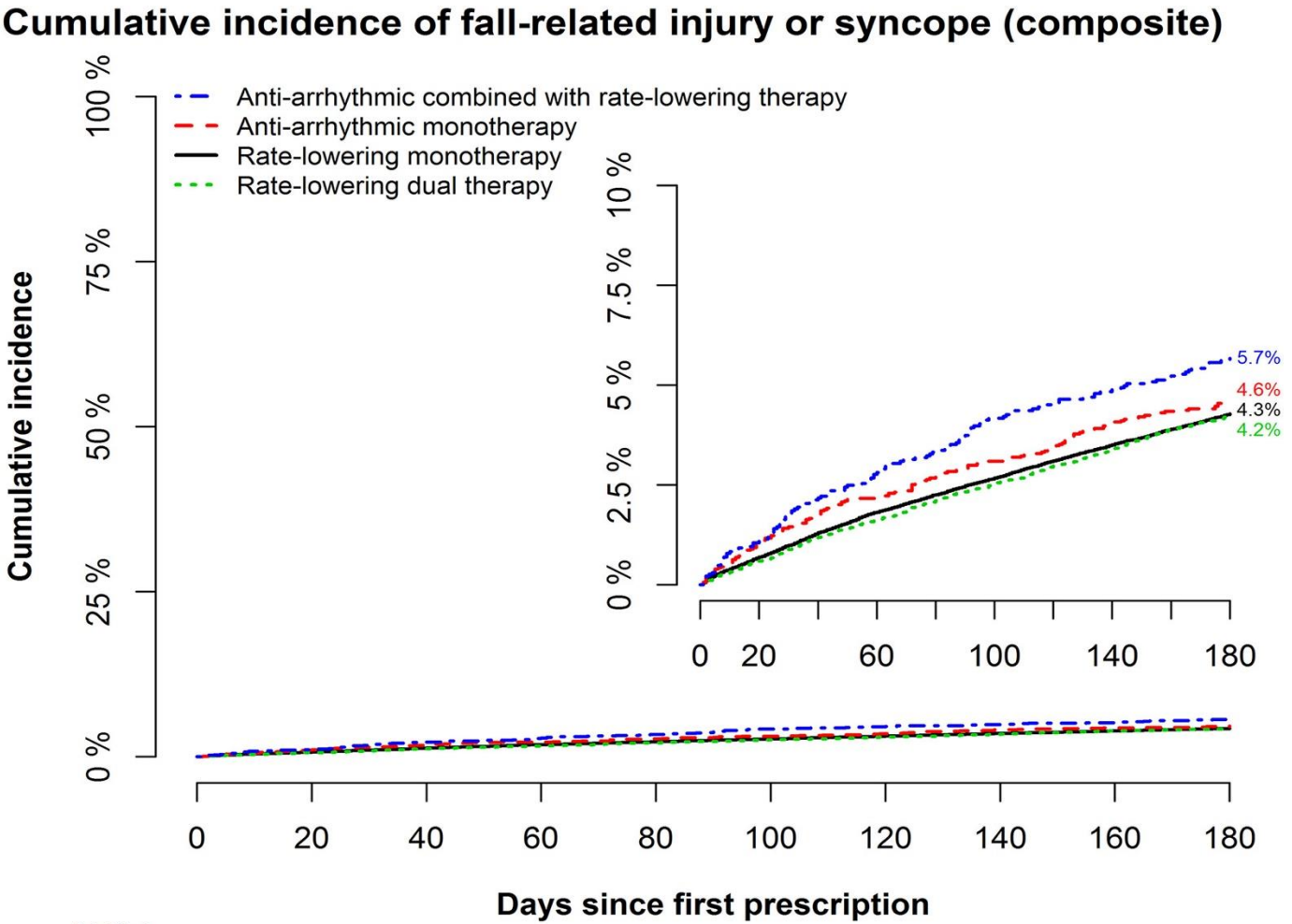
Association of Antiarrhythmic Drug Therapy With Syncope and Pacemaker Implantation in Patients With Atrial Fibrillation

CENTRAL ILLUSTRATION: Adverse Effects of Antiarrhythmic Drugs



Kim YG, et al. J Am Coll Cardiol. 2024;83(11):1027-1038.

Rate or Rhythm Control in Older Atrial Fibrillation Patients: Risk of Fall-Related Injuries and Syncope

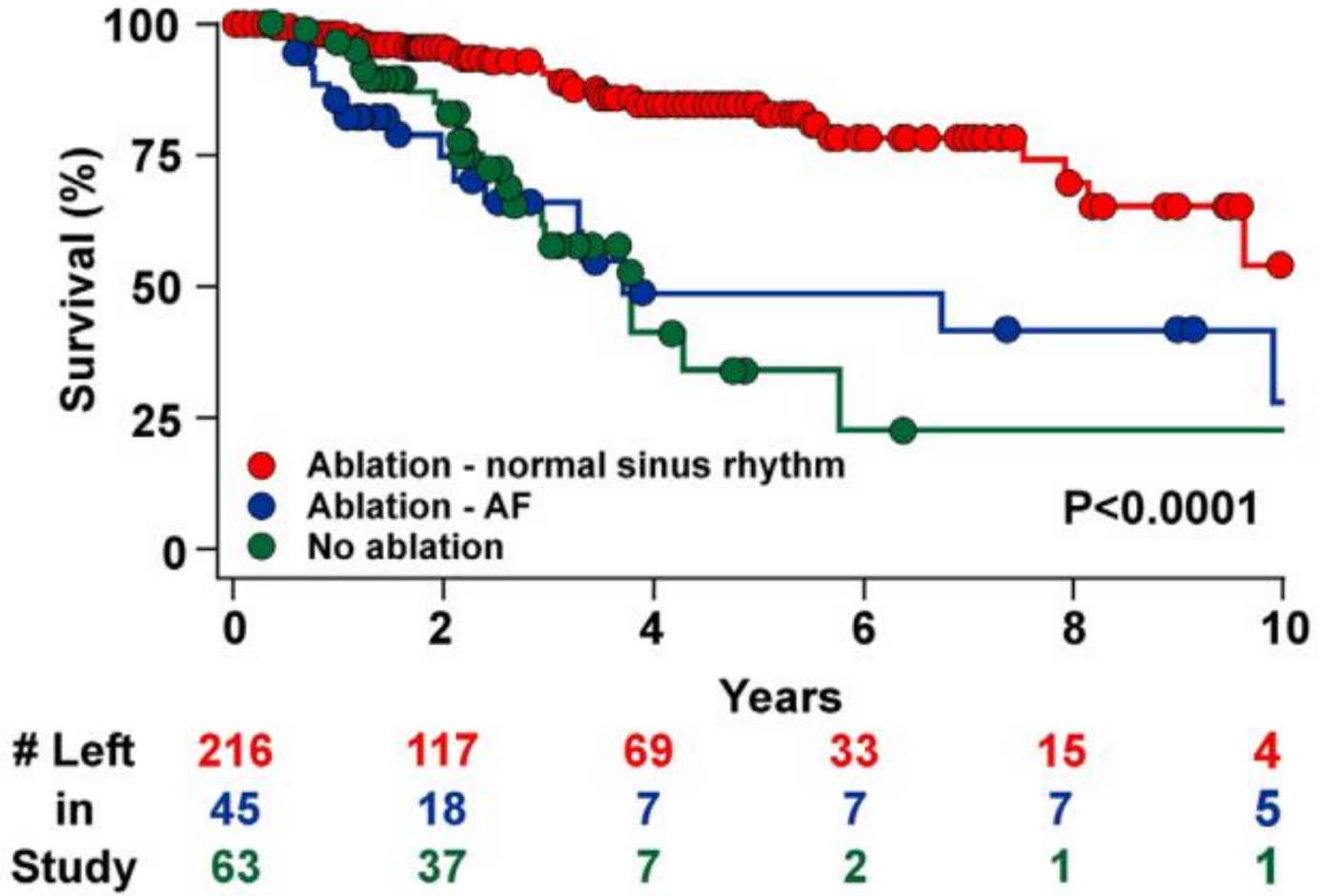


At Risk				
RLD monotherapy:	77639	72020	68911	66522
AAD monotherapy:	3384	3096	2947	2855
RLD dual therapy:	17590	15977	15090	14489
AAD combined with RLD:	2322	2107	1995	1925

J American Geriatrics Society, Volume: 67, Issue: 10, Pages: 2023-2030,

Benefits and risks of catheter ablation in elderly patients with atrial fibrillation

79±4 ans



K Nademanee et al. Heart Rhythm 2015;12:44–51

Benefits and risks of catheter ablation in elderly patients with atrial fibrillation

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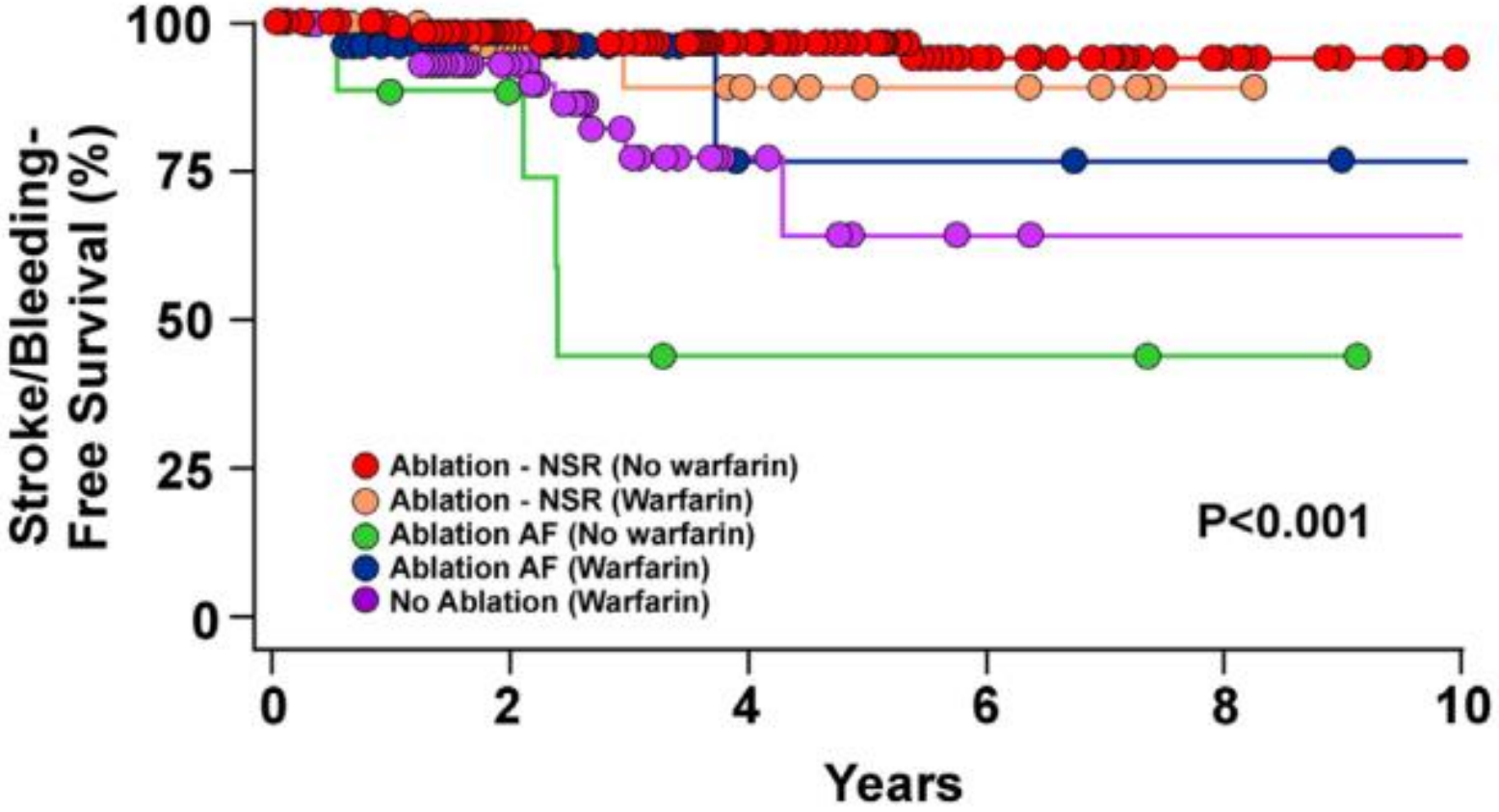
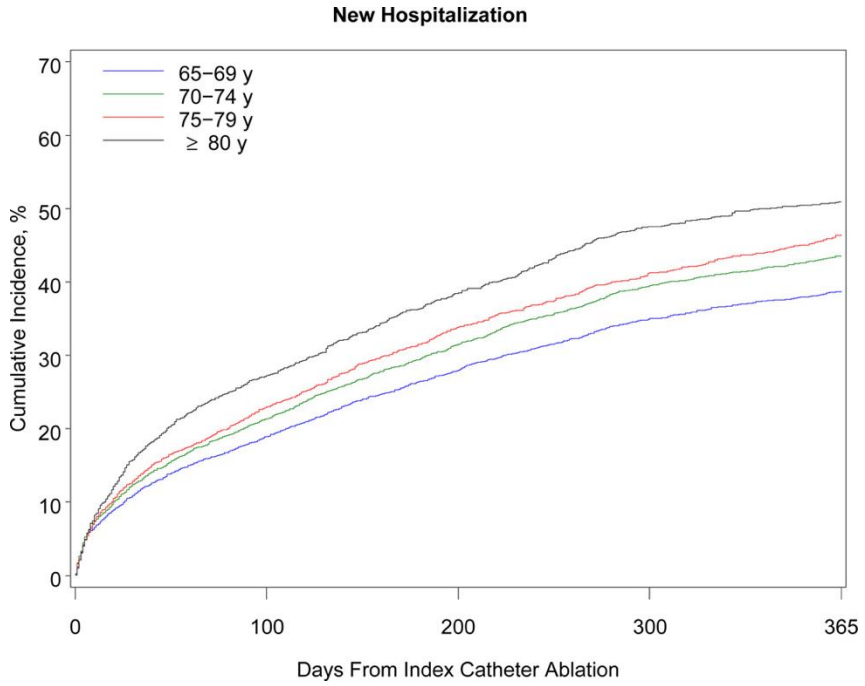
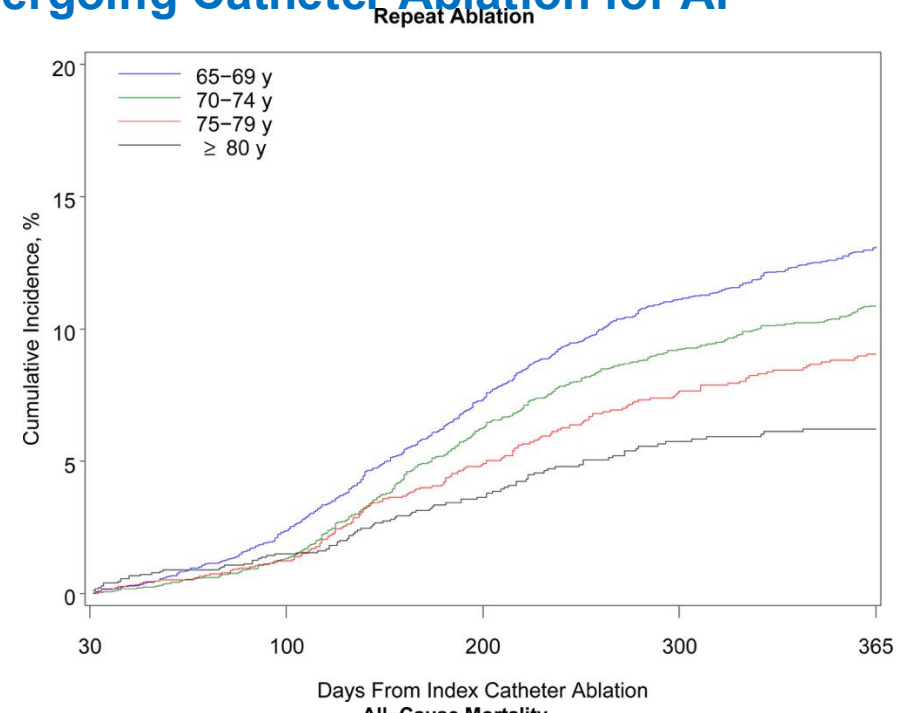
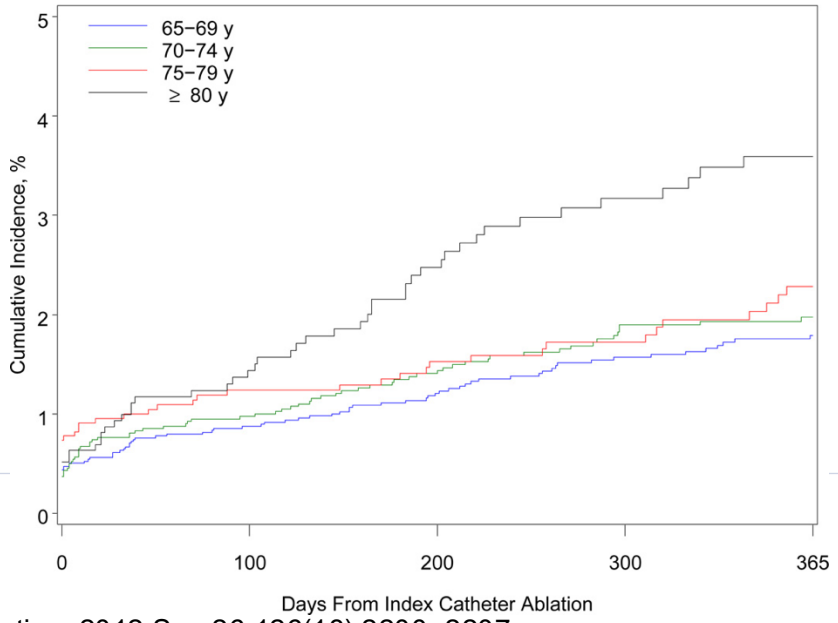


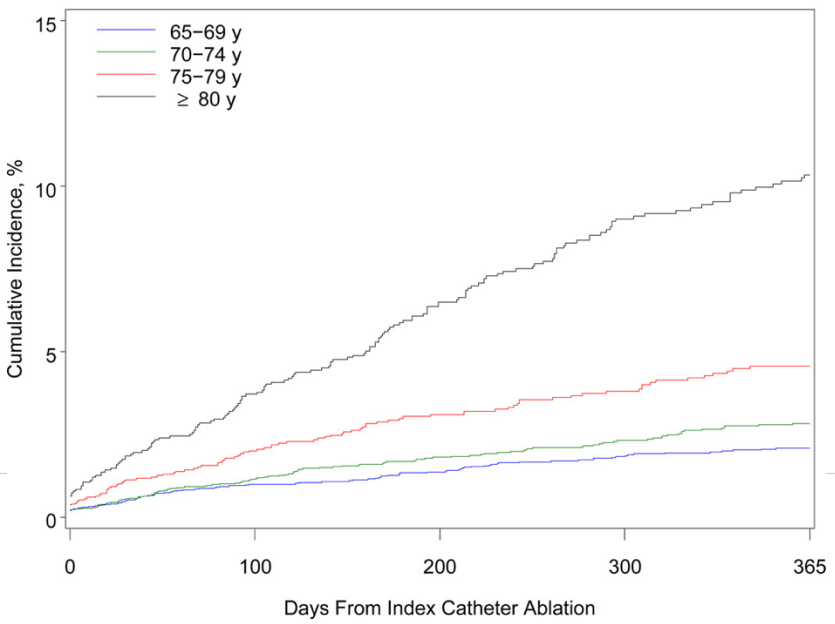
K Nademanee et al. Heart Rhythm 2015;12:44–51

Outcomes of Medicare Beneficiaries Undergoing Catheter Ablation for AF



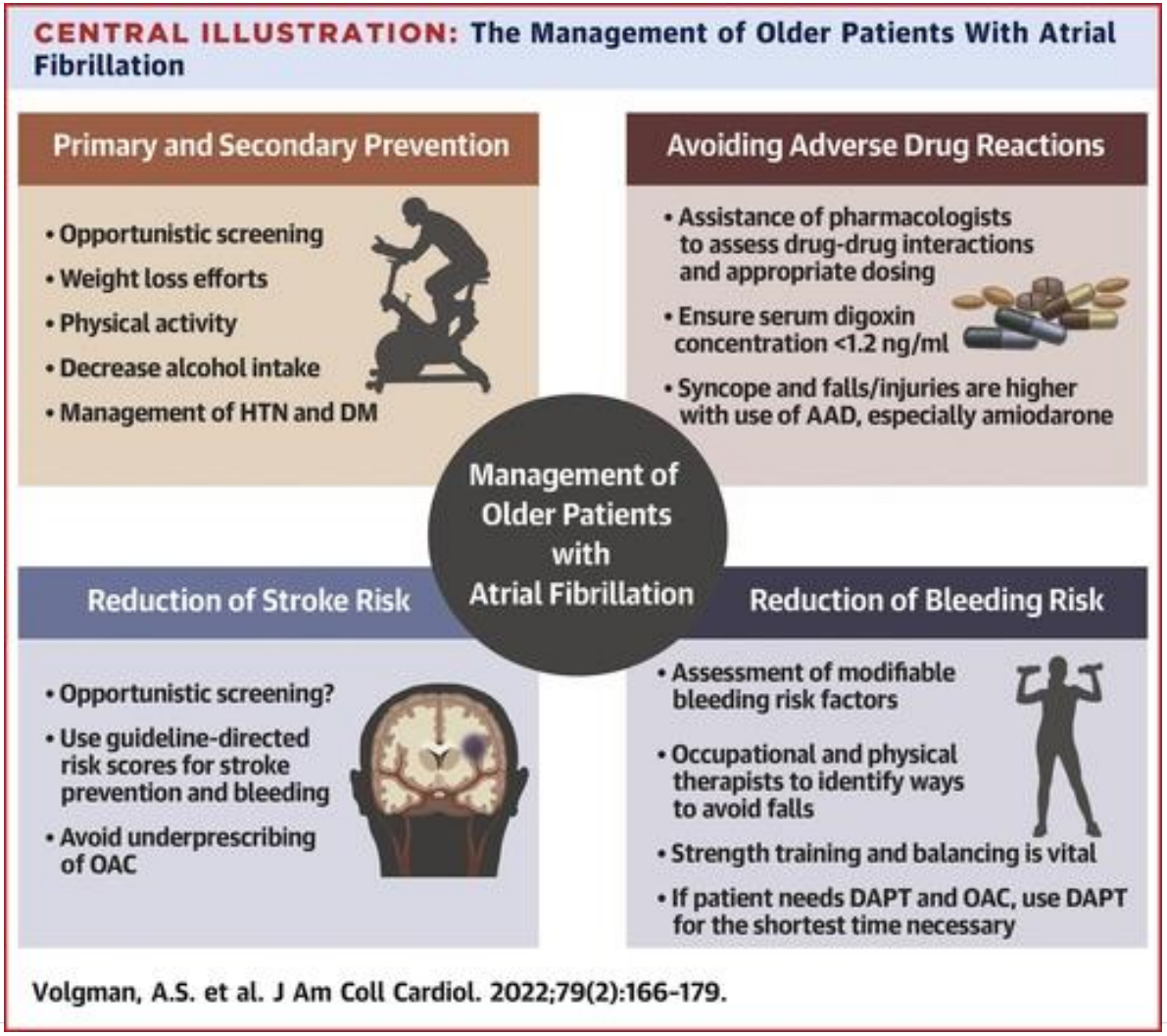




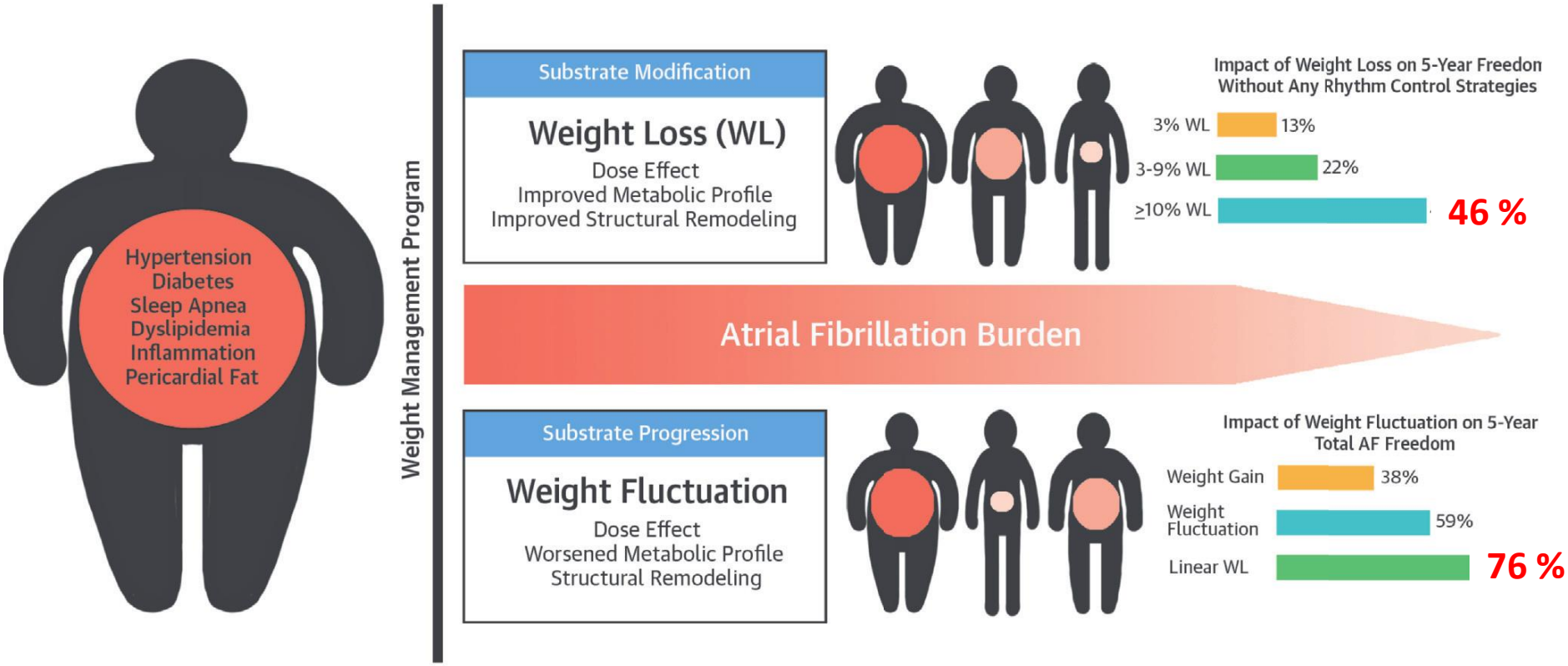


Circulation. 2012 Sep 26;126(18):2200–2207

En conclusion dans la grande majorité des cas, le rythme sinusal n'est pas notre objectif les patients âgés !

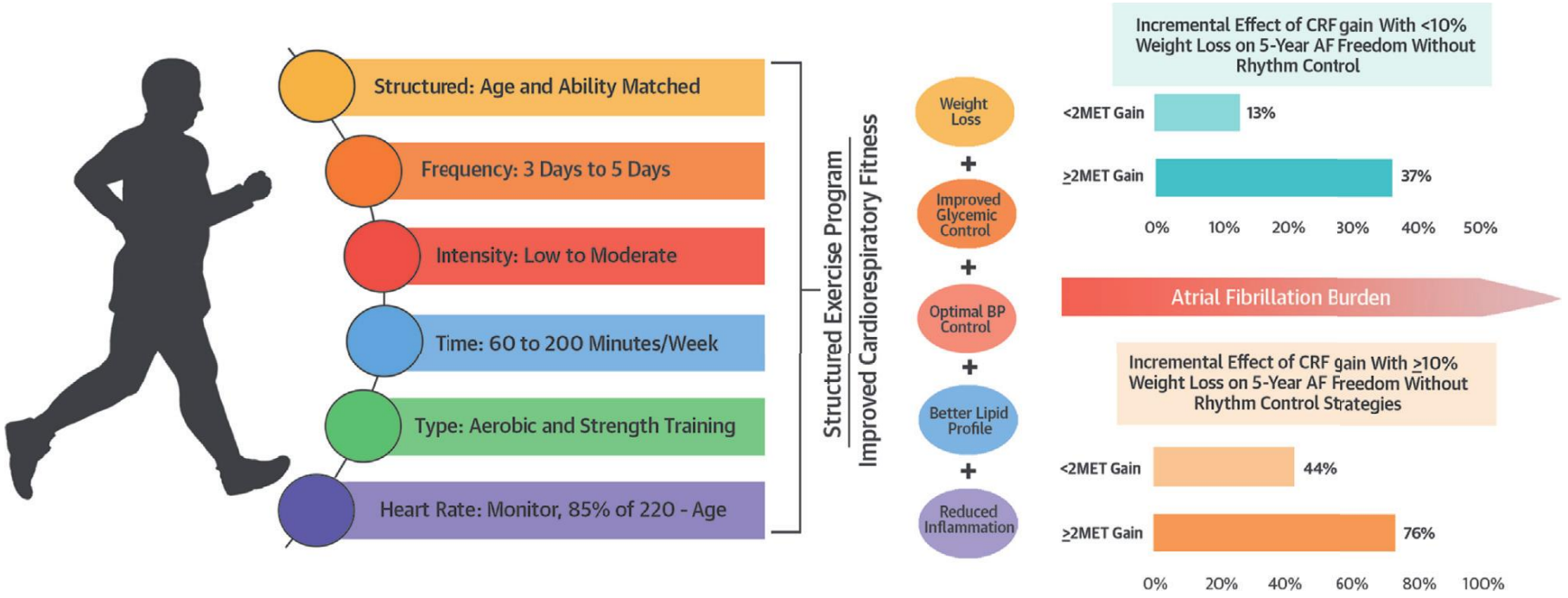


Weight Management and Atrial Fibrillation



RK Pathak, JACC 2015

Cardiorespiratory Fitness and AF Recurrence: CARDIO-FIT trial

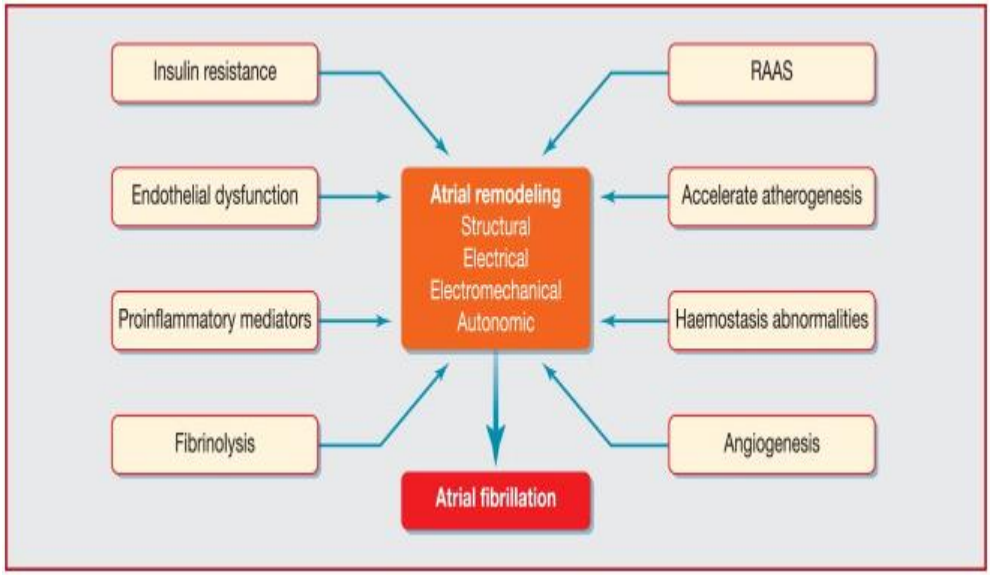


Pathak RK, JACC; 2015

Sport pour tous ?

Diabète

Characteristic/comorbidity	Association with AF
Diabetes mellitus vs. none[19]	HR 1.25 (95% CI 0.98–1.60)



-Lien de causalité difficile à démontrer (facteurs confondants)

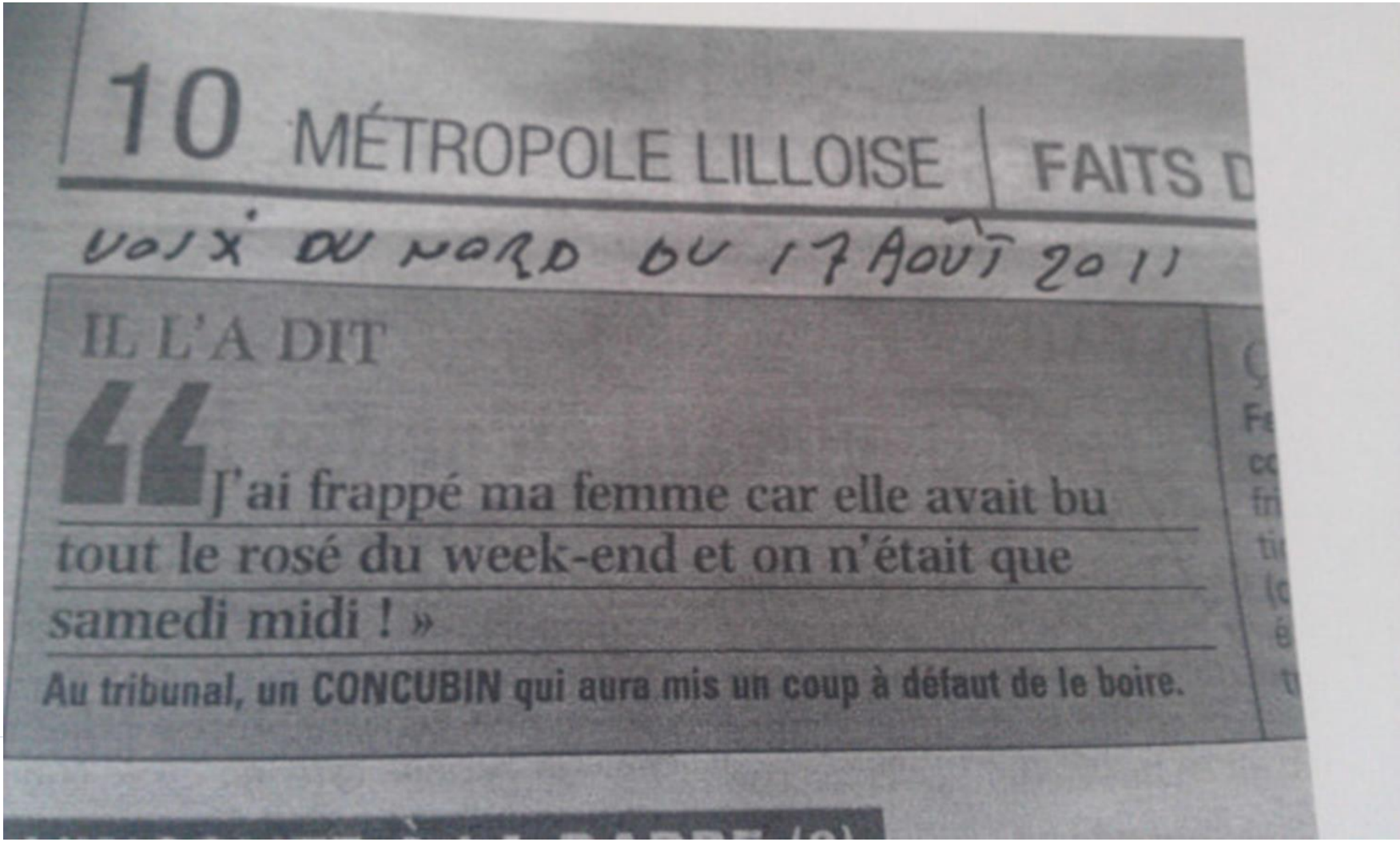
-Etudes thérapeutiques contradictoires

-Surisque embolique

Obstructive Sleep Apnea (OSA)

Un nouveau type d’apnée du sommeil

Acute and chronic alcohol consumption



10 MÉTROPOLE LILLOISE | FAITS D

Voix du Nord du 17 Août 2011

IL L'A DIT

« J'ai frappé ma femme car elle avait bu tout le rosé du week-end et on n'était que samedi midi ! »

Au tribunal, un **CONCUBIN** qui aura mis un coup à défaut de le boire.

Mr Mer C 84 ans

- 90 kg 1m74
- HTA équilibrée par IEC et bisoprolol 5 mg
- IDM inférieur il y a 20 ans (stent CD)
- Suivi annuellement avec echo : FE 56 % OG :27 cm2
- Hospitalisé il y 9 semaines pour Covid avec passage en FA rapide 120 bpm initialement; toujours en FA : 94 bpm FE 48%
- Xarelto 20 mg depuis découverte FA

1) Contrôle de fréquence
2) CEE + amiodarone
3) CEE + ablation FA
4) CEE et surveillance Holter

Marinette 78 ans

- Agricultrice jamais malade
- 77 kg pour 1m74
- Continue à aider son fils à la ferme
- Dyspnéique et moins bien depuis 3 semaines
- Hospitalisée pour choc cardiogénique FE 22% OG : 29 cm2
- FA: 120 bpm

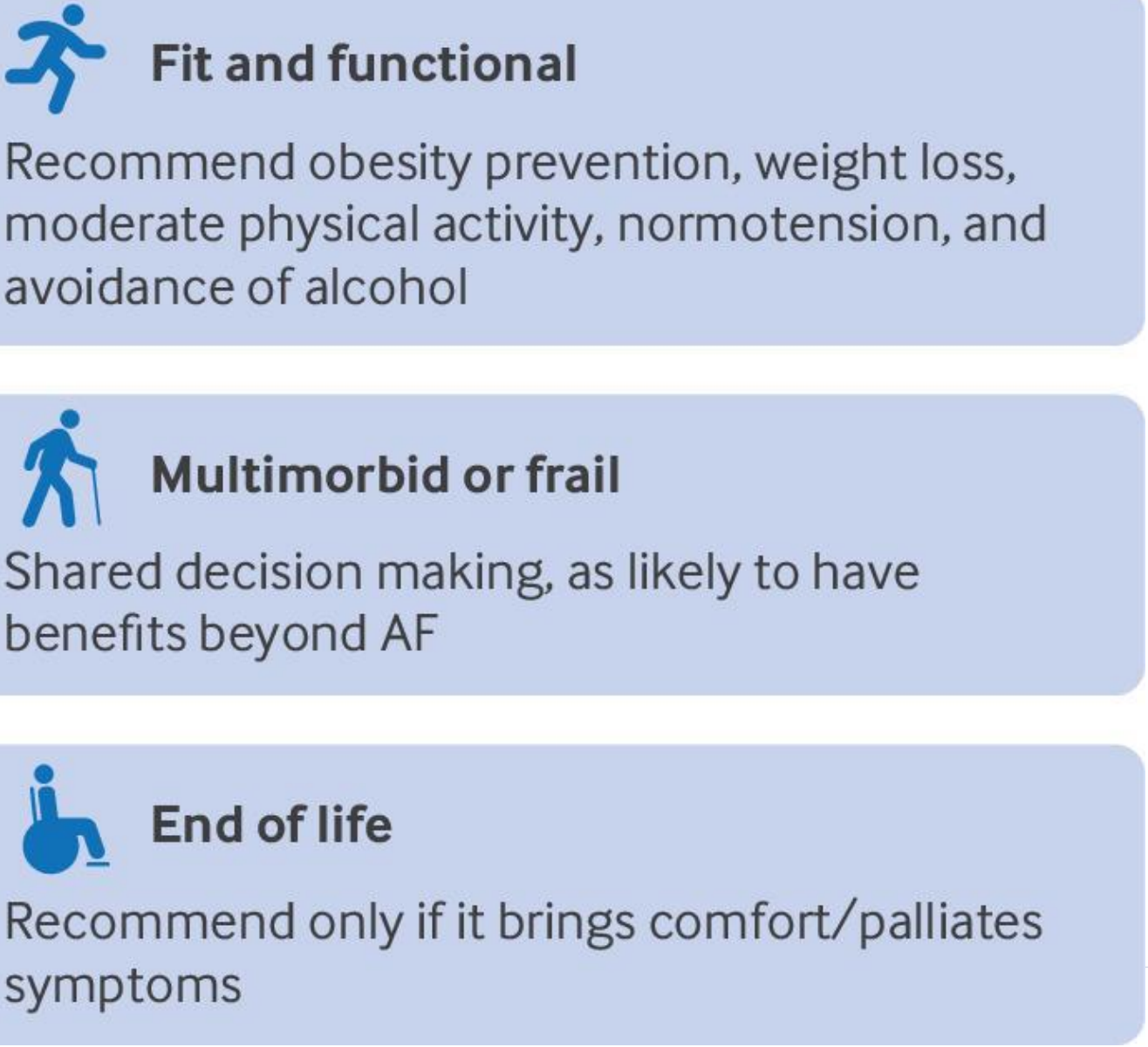
1) Contrôle de fréquence
2) CEE + amiodarone
3) CEE + ablation FA
4) CEE et surveillance Holter

Josette 81 ans

- 112 kg 1m51
- Diabète non équilibré hémoglobine glyquée: 8,4%
- TA: 148/92
- Plus dyspnéique depuis 4 jours et OMI
- FA: 112 bpm
- FE: 48% OG: 30cm2

1) Contrôle de fréquence
2) CEE + amiodarone
3) CEE + ablation FA
4) CEE et surveillance Holter

Summary of recommendations for atrial fibrillation (AF) lifestyle interventions.



Anna L Parks et al. BMJ 2024;386:bmj-2023-076246

Summary of recommendations for rate and rhythm control in older adults with atrial fibrillation (AF).

Fit and functional

Rhythm control

- For symptoms
- For AF diagnosed in previous year
- To prolong survival

Catheter ablation

- When AADs are ineffective, contraindicated, not tolerated, or not preferred
- First line for symptoms and to reduce AF progression

Multimorbid or frail

Rhythm control

- For heart failure
- For reduced LVEF
- To improve quality of life

Catheter ablation

- Individualized decision based on life expectancy, comorbidities, and symptoms

End of life

Rhythm control

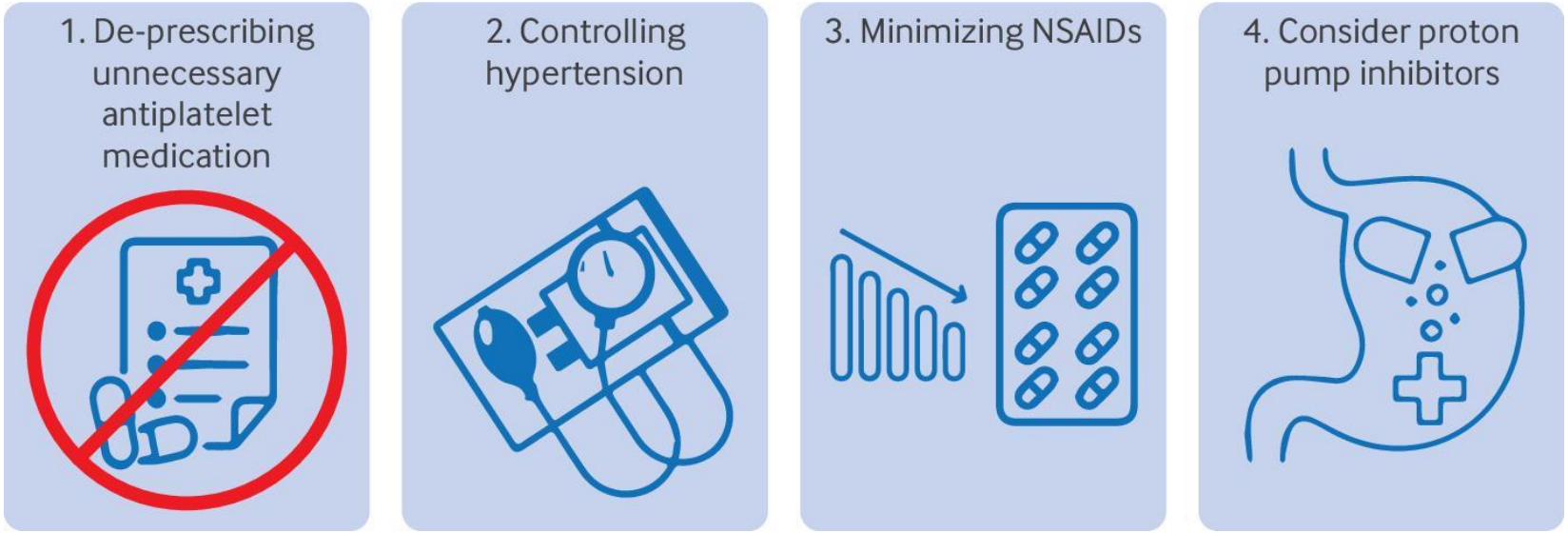
- Only to relieve significant symptoms

Catheter ablation

- Not appropriate

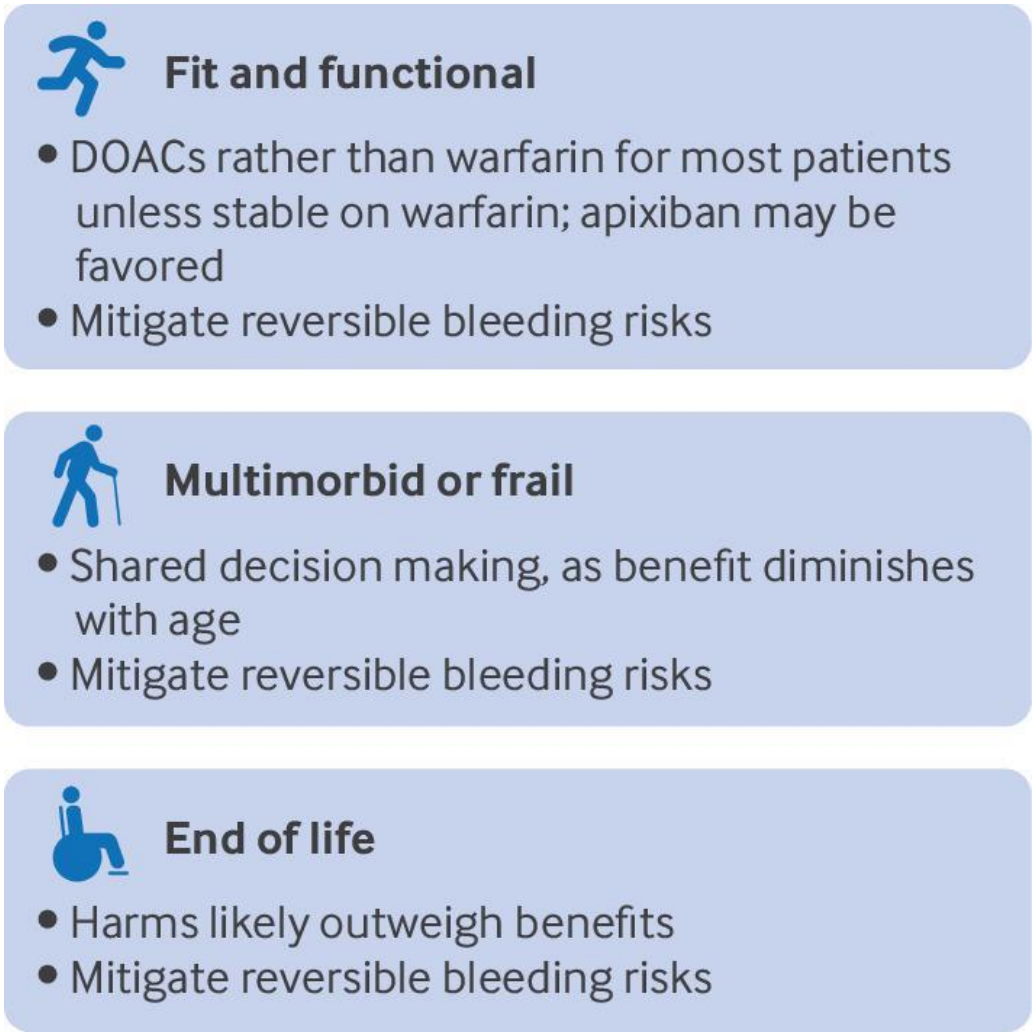
Anna L Parks et al. BMJ 2024;386:bmj-2023-076246

Modifiable risk factors for bleeding in older adults on anticoagulants.



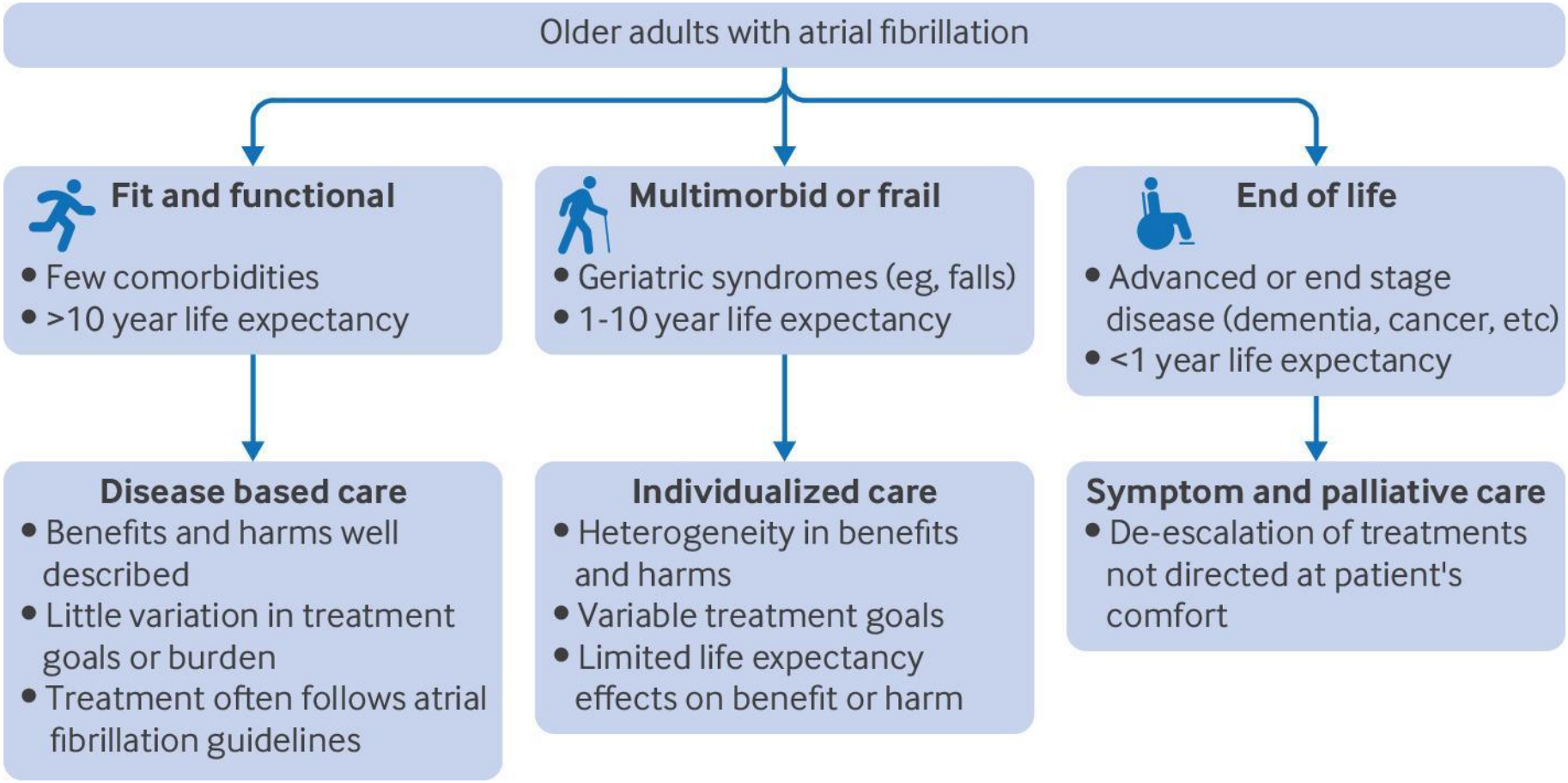
Anna L Parks et al. BMJ 2024;386:bmj-2023-076246

Summary of recommendations for anticoagulation in older adults with atrial fibrillation.

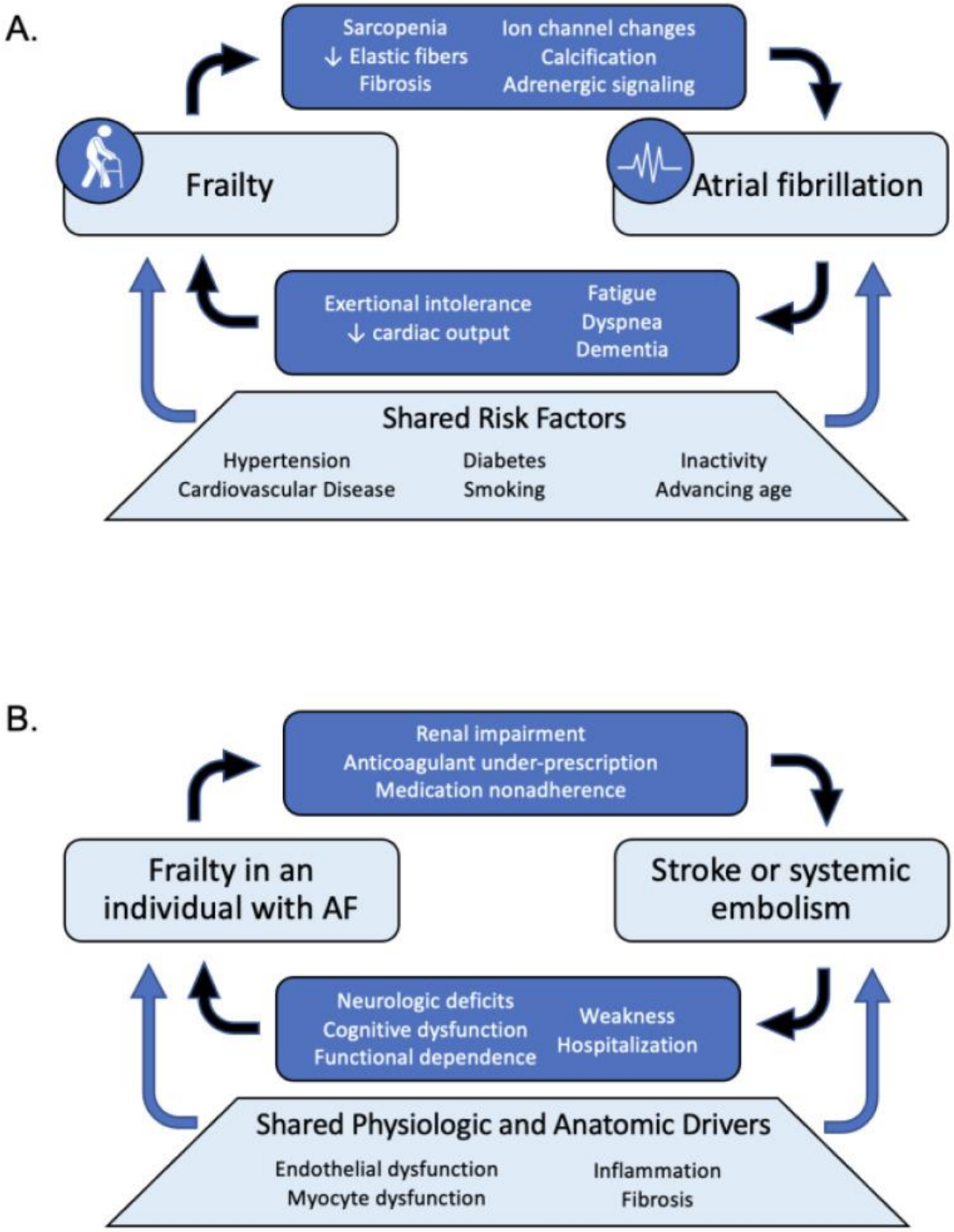


Anna L Parks et al. BMJ 2024;386:bmj-2023-076246

Proposed approach to tailor clinical management of atrial fibrillation (AF) to older adults.



Anna L Parks et al. BMJ 2024;386:bmj-2023-076246


A.
Sarcopenia
↓ Elastic fibers
Fibrosis
Ion channel changes
Calcification
Adrenergic signaling
Frailty
Atrial fibrillation
Exertional intolerance
↓ cardiac output
Fatigue
Dyspnea
Dementia
Shared Risk Factors
Hypertension
Cardiovascular Disease
Diabetes
Smoking
Inactivity
Advancing age
B.
Renal impairment
Anticoagulant under-prescription
Medication nonadherence
Frailty in an individual with AF
Stroke or systemic embolism
Neurologic deficits
Cognitive dysfunction
Functional dependence
Weakness
Hospitalization
Shared Physiologic and Anatomic Drivers
Endothelial dysfunction
Myocyte dysfunction
Inflammation
Fibrosis