ChadsVasc 1:

FA permanente X paroxistica influencia na indicação de anticoagulação ?

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Introdução

- **Eventos tromboembolicos são desfechos graves em portadores de FA.**

European Heart Journal
doi:10.1093/eurheartj/ehw210

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- **Ocorrem em pacientes com FA independente da presença de sintomas.**
- **O risco de tromboembolismo aumenta de acordo com escores (CHA_2DS_2-VASc).**
- **A forma de apresentação da FA pode modificar o risco.**

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Conceitos

Paroxysmal AF	Self-terminating, in most cases within 48 hours. Some AF paroxysms may continue for up to 7 days.[a] AF episodes that are cardioverted within 7 days should be considered paroxysmal.[a]

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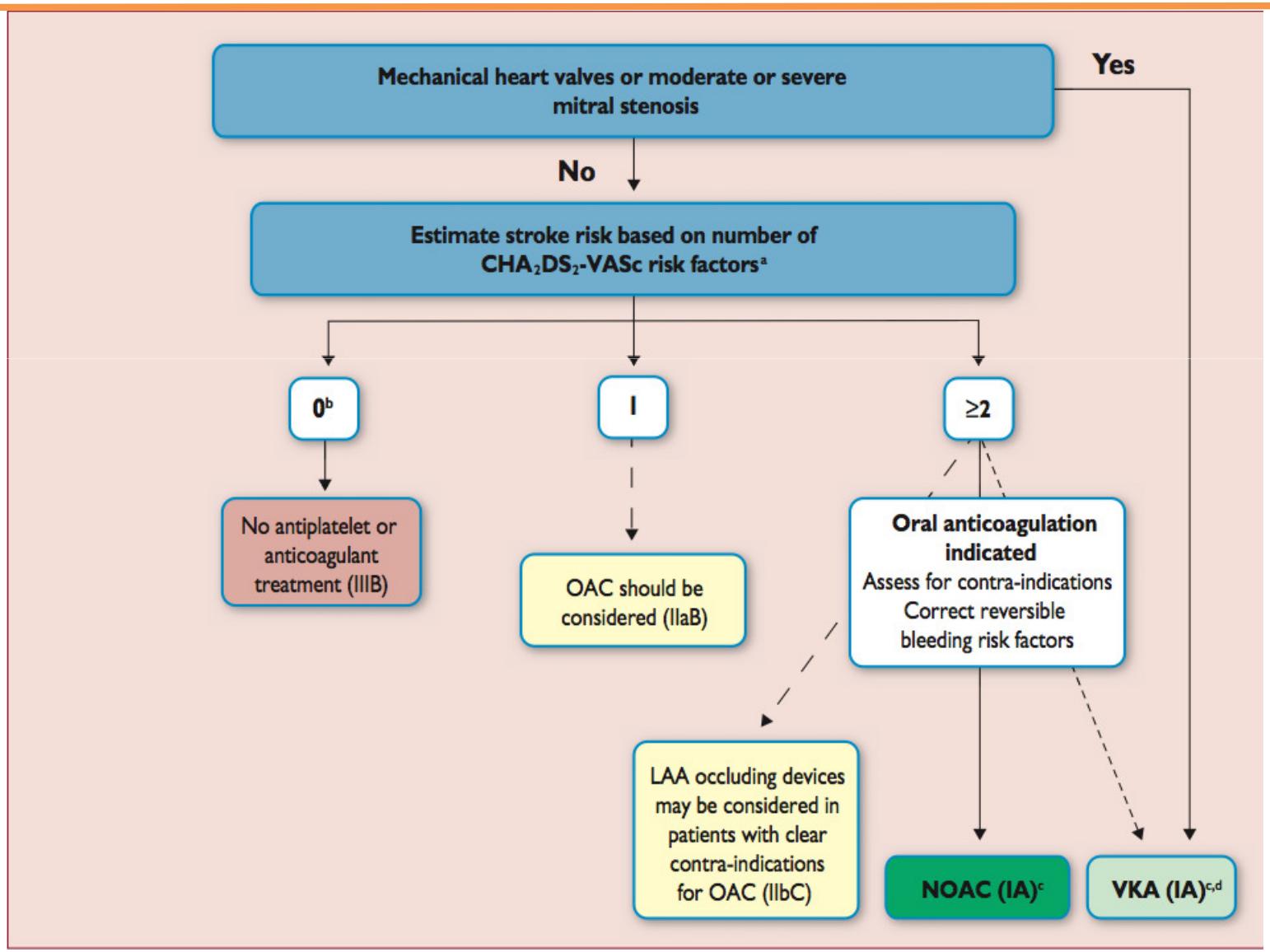
Conceitos

Persistent AF	AF that lasts longer than 7 days, including episodes that are terminated by cardioversion, either with drugs or by direct current cardioversion, after 7 days or more.
Long-standing persistent AF	Continuous AF lasting for ≥1 year when it is decided to adopt a rhythm control strategy.
Permanent AF	AF that is accepted by the patient (and physician). Hence, rhythm control interventions are, by definition, not pursued in patients with permanent AF. Should a rhythm control strategy be adopted, the arrhythmia would be re-classified as 'long-standing persistent AF'.

Estratificação de Risco

CHA_2DS_2-VASc		CHA_2DS_2-VASc†	
Congestive HF	1	0	0
Hypertension	1	1	1.3
Age ≥75 y	2	2	2.2
Diabetes mellitus	1	3	3.2
Stroke/TIA/TE	2	4	4.0
Vascular disease (prior MI, PAD, or aortic plaque)	1	5	6.7
Age 65–74 y	1	6	9.8
Sex category (i.e., female sex)	1	7	9.6
Maximum score	9	8	6.7
		9	15.20

Diretriz ESC 2016



Diretriz AHA/ACC/HRS 2014

1. For patients with nonvalvular AF and a CHA_2DS_2-VASc score of 0, it is reasonable to omit antithrombotic therapy (80,81). *(Level of Evidence: B)*

1. For patients with nonvalvular AF and a CHA_2DS_2-VASc score of 1, no antithrombotic therapy or treatment with an oral anticoagulant or aspirin may be considered. *(Level of Evidence: C)*

II Diretrizes Brasileiras de Fibrilação Atrial

Quadro 1 – Recomendações para prevenção de fenômenos tromboembólicos na fibrilação atrial não valvar.

Recomendações	Classe	Nível de Evidência
O escore CHA_2DS_2-VASc deve ser empregado em todos os pacientes	I	B
Pacientes de baixo risco, com CHA_2DS_2-VASc igual a zero não têm indicação de terapia antitrombótica	I	B
Em pacientes com escore CHA_2DS_2-VASc igual a 1, a terapia antitrombótica pode ser instituída, levando-se em consideração o risco de sangramento e as preferências do paciente	IIa	C
Pacientes com escore CHA_2DS_2-VASc ≥ 2 têm indicação de terapia antitrombótica	I	A

Risco Global

Clinical characteristics	Total population	Truly low risk	European treatment threshold	U.S. treatment threshold	High risk
Number of patients	198,697	29,174 (15%)	17,592 (9%)	35,996 (18%)	115,935 (58%)
Age, mean (IQR)	75 (65–83)	55 (47–61)	66 (60–70)	71 (65–78)	81 (75–86)
64–74 years	148,480 (75)	0 (0)	9,952 (57)	27,731 (77)	110,797 (96)
≥75 years	98,998 (50)	0 (0)	0 (0)	11,763 (33)	87,235 (75)
Female sex	96,529 (49)	10,120 (35)	0 (0)	12,280 (34)	74,129 (64)
Congestive heart failure*	34,817 (18)	0 (0)	1,491 (8)	2,819 (8)	30,507 (26)
Heart failure	20,413 (10)	0 (0)	294 (2)	1,068 (3)	19,051 (16)
Left ventricular dysfunction	30,833 (16)	0 (0)	1,409 (8)	2,575 (7)	26,849 (23)
Hypertension	74,113 (37)	0 (0)	3,972 (23)	9,337 (26)	60,804 (52)
Diabetes	23,785 (12)	0 (0)	960 (5)	2,530 (7)	20,295 (18)
Prior thromboembolism*	32,382 (16)	0 (0)	0 (0)	1,086 (3)	31,296 (27)
Ischemic stroke	24,230 (12)	0 (0)	0 (0)	793 (2)	23,437 (20)
Systemic embolism	1,615 (1)	0 (0)	0 (0)	31 (0)	1,584 (1)
Transient ischemic attack	10,198 (5)	0 (0)	0 (0)	354 (1)	9,844 (8)
Vascular disease*	37,045 (19)	0 (0)	1,217 (7)	3,360 (9)	32,468 (28)
Myocardial infarction	25,768 (13)	0 (0)	938 (5)	2,469 (7)	22,361 (19)
Aortic plaque	353 (0)	0 (0)	7 (0)	28 (0)	318 (0)
Peripheral vascular disease	15,153 (8)	0 (0)	320 (2)	1,098 (3)	13,735 (12)
Mean CHA_2DS_2-VASc score (SD)	2.9 (1.8)	0.4 (0.5)†	1 (0)	2 (0)	4.1 (1.2)

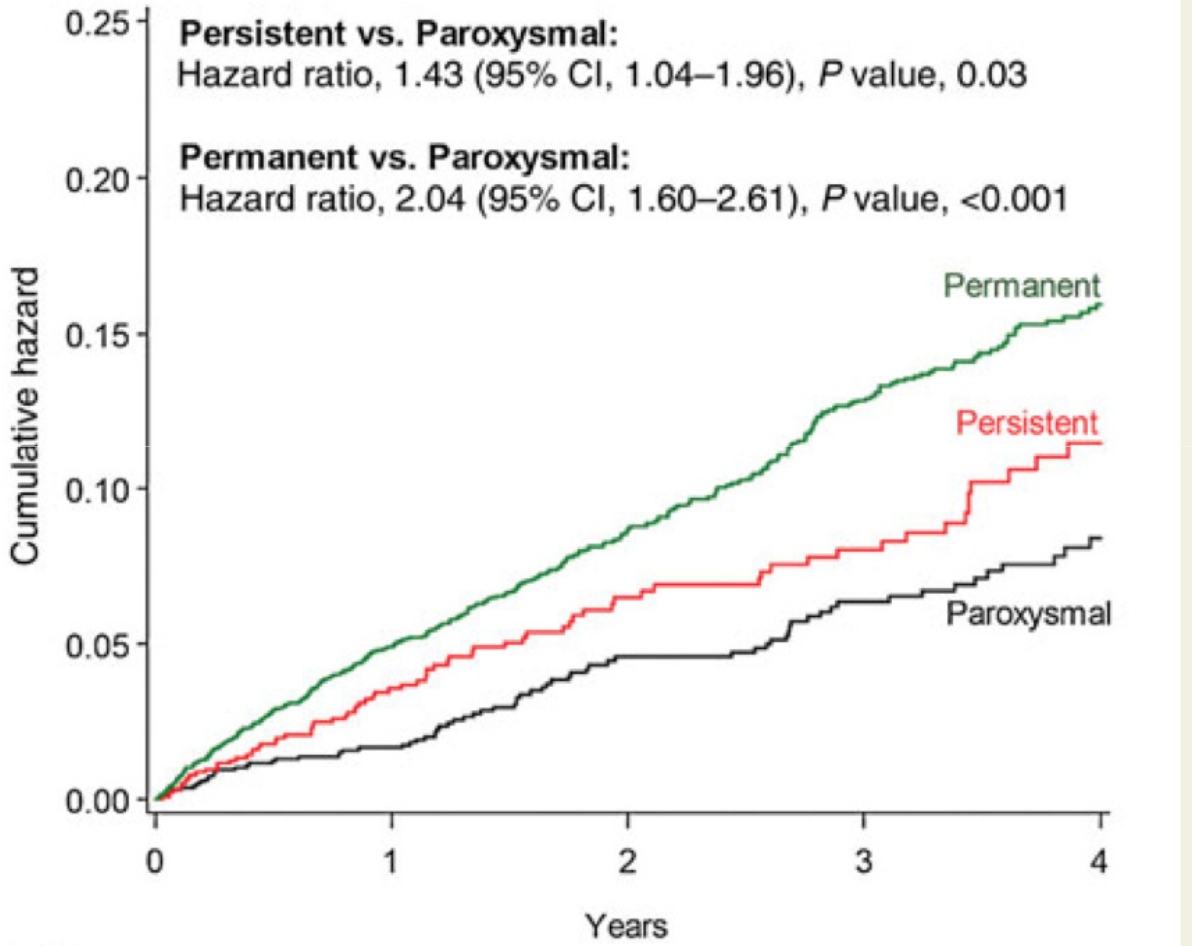
Nielsen et al. nature.com; 2016

Risco Global

Risk stratification	CHA_2DS_2-VASc score	Formal rate assessment			Conditioning on the future approach			Censoring observation at oral anticoagulant treatment		
		Events	Person-years	Rate/100 person-years	Events	Person-years	Rate/100 person-years	Events	Person-years	Rate/100 person-years
Truly low risk	0 (1 for females)	688	114,504	0.60	168	56,053	0.30	400	73,873	0.54
European treatment threshold	1 (males)	812	61,773	1.31	200	17,067	1.17	402	26,324	1.53
U.S. treatment threshold	2	2,245s	114,034	1.97	792	40,576	1.95	1,305	55,920	2.33
High risk	>2	12,737	288,944	4.41	6375	129,572	4.92	8,569	156,032	5.49

Nielsen et al. nature.com; 2016

Impacto da apresentação da FA

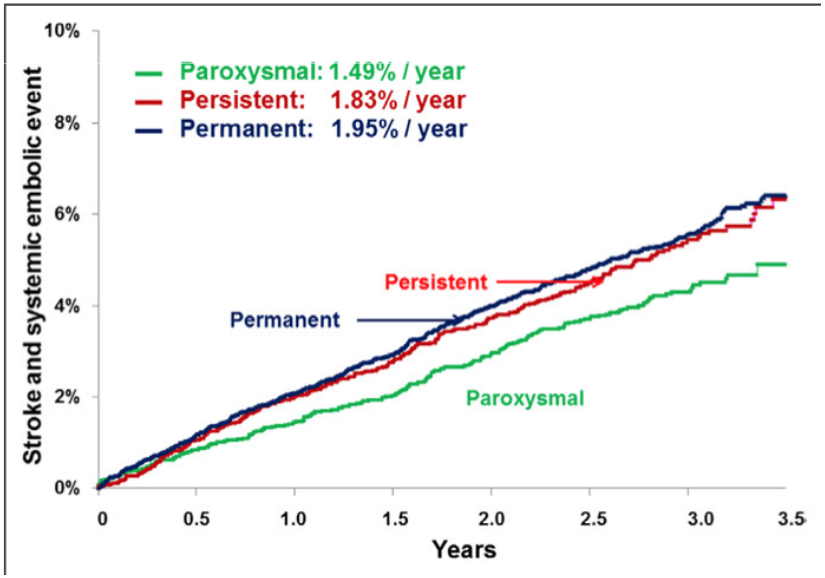


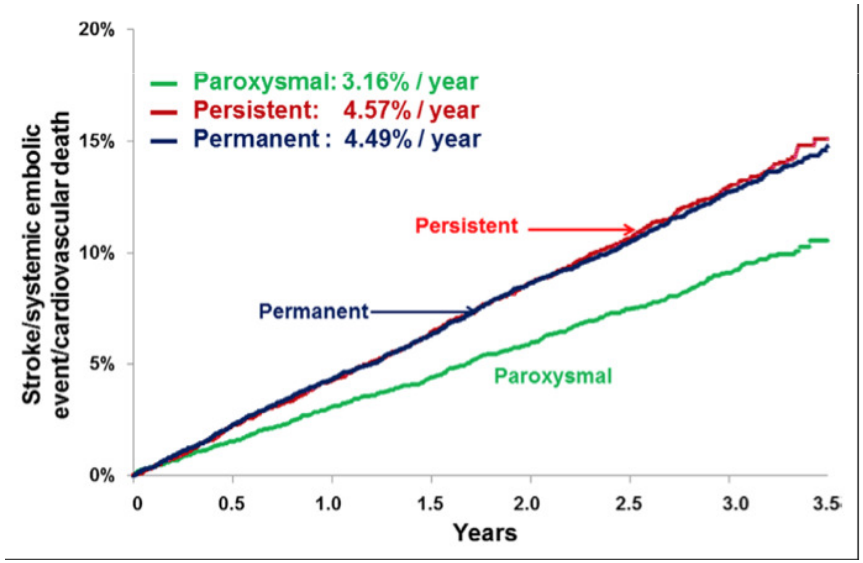
Vanassche et al.Eur Heart J. 2015.36: 281-7

Stroke and Mortality Risk in Patients With Various Patterns of Atrial Fibrillation

Results From the ENGAGE AF-TIMI 48 Trial (Effective Anticoagulation With Factor Xa Next Generation in Atrial Fibrillation–Thrombolysis in Myocardial Infarction 48)

Mark S. Link, MD; Robert P. Giugliano, MD, SM; Christian T. Ruff, MD, MPH; Benjamin M. Scirica, MD, MPH; Heikke Huikuri, MD; Ali Oto, MD; Andrea E. Crompton, RN, BSN; Sabina A. Murphy, MPH; Hans Lanz, MD; Michele F. Mercuri, MD; Elliott M. Antman, MD; Eugene Braunwald, MD; on behalf of the ENGAGE AF-TIMI 48 Investigators





- **Mortalidade total e eventos embolicos menos frequentes em FA paroxistica.**
- **Beneficio da anticoagulação consistente em todas as apresentações.**

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WILEY CLINICAL CARDIOLOGY

REVIEWS

Thromboembolic risk and effect of oral anticoagulation according to atrial fibrillation patterns: A systematic review and meta-analysis

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Oral anticoagulation (OAC) is recommended in both paroxysmal atrial fibrillation (pxAF) and nonparoxysmal AF (non-pxAF), but disagreement exists in and classes of recommendation. Data on incidence/rate of stroke in pxAF are conflicting, and OAC is often underused in this population. The objectives of the meta-analysis were to investigate different impact on outcomes of pxAF and non-pxAF, with and without OAC. Two reviewers searched for prospective studies on risk of stroke and systemic embolism (SE) in pxAF and non-pxAF, with and without OAC. quality of evidence was assessed according GRADE approach. Stroke combined with SE was the main outcome. Meta-regression was performed to evaluate OAC effect on stroke and SE incidence rate. We identified 18 studies. for a total of 239 528 patient-years of follow-up. The incidence rate of stroke/SE was 1.6% (95% confidence interval [CI]: 1.3%-2.0%) in pxAF and 2.3% (95% CI: 2.0%-2.7%) in non-pxAF. Paroxysmal AF was associated with a lower risk of overall thromboembolic (TE) events (risk ratio: 0.72, 95% CI: 0.65-0.80, $P < 0.00001$) compared with non-pxAF. In both groups, the annual rate of TE events decreased as proportion of patients treated with OAC increased. Non-pxAF showed a reduction from 3.7% to 1.7% and pxAF from 2.5% to 1.2%. Major bleeding rates did not differ among groups. Stroke/SE risk is significantly lower, although clinically meaningful, in pxAF. OAC consistently reduces TE event rates across any AF pattern. As a whole, these data provide the evidence to warrant OAC irrespective of the AF pattern in most (virtually all) patients.

KEYWORDS

Paroxysmal Atrial Fibrillation, Oral Anticoagulants, Stroke, Systemic Embolism

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ACCEPTED MANUSCRIPT

The Population-Based Long-Term Impact of Anticoagulant and Antiplatelet Therapies in Low-Risk Patients With Atrial Fibrillation

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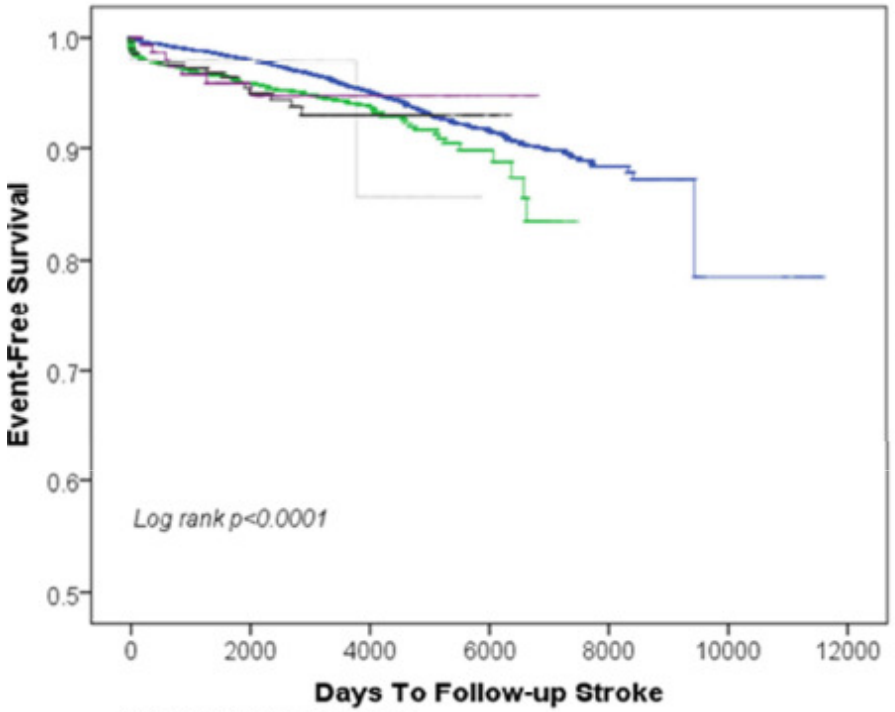
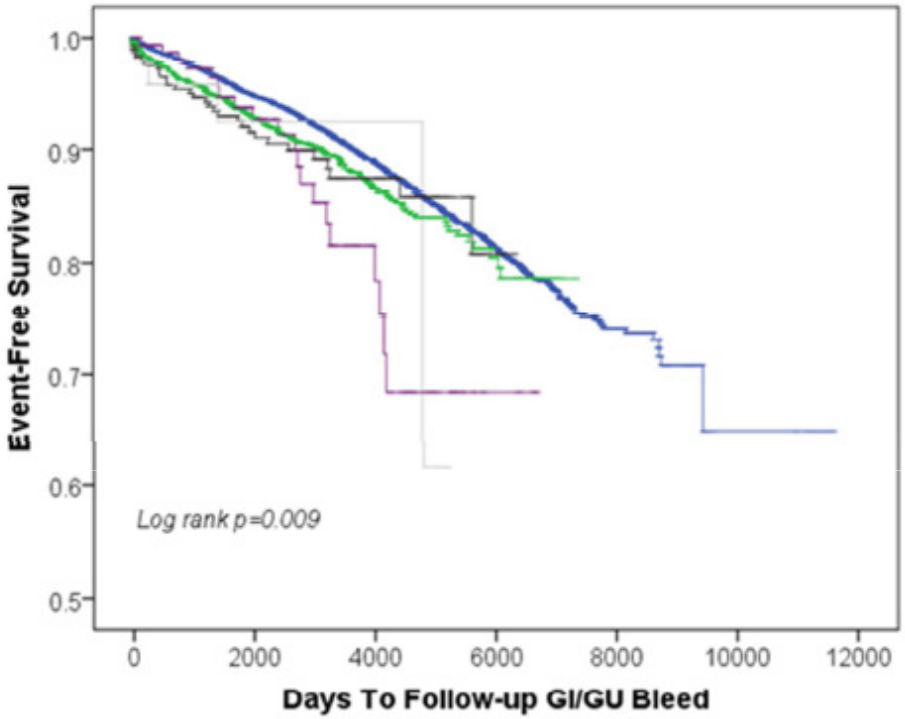
$CHA_2DS_2VAS_C$ score=1



Number entering interval at
1 year, n=12,634
2 years, n=12,246
3 years, n=11,539
5 years, n=9,516



Number entering interval at
1 year, n=12,579
2 years, n=12,138
3 years, n=11,373
5 years, n=9,285

None — ASA monotherapy — Clopidogrel ± ASA — Warfarin monotherapy — Warfarin ± antiplatelet

Conclusões

- **Pacientes em CHADS2VASc 1 têm um risco baixo de eventos embólicos na população em geral.**
- **O uso de anticoagulantes orais não parecem ofecer benefício geral nessa população.**
- **A presença de FA persistente/permanente define maior risco que a apresentação paroxística.**
- **Reservar anticoagulação oral para pacientes com CHADS2VASc 1 apenas com apresentação persistente/permanente parece ser uma opção racional.**