

# Fibrilação Atrial em pacientes críticos não cardíacos

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# Um Raio X

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- 33% dos paciente críticos apresentam FA
- 10% são considerados como primeiro episódio
- Sepses / choque séptico = 25%
- Idosos (idade média 75 anos)
- Risco de AVE 2-3%
- Piora o prognóstico

# New-Onset Atrial Fibrillation Is an Independent Predictor of Mortality in Medical Intensive Care Unit Patients

**Table 2.** Clinical Outcomes.

Outcome of Interest	AF (n = 53)	No AF (n = 688)	P Value
In-hospital mortality, n (%)	24 (45)	109 (16)	<0.01
30-Day mortality, n (%)	27 (51)	159 (23)	<0.01
ICU length of stay (days), mean (SD)	6 (10.2)	3 (3.6)	<0.01
Hospital length of stay (days), mean (SD)	15 (19)	7 (9)	<0.01

**Table 3.** Multivariate Analysis of In-hospital Mortality.<sup>a</sup>

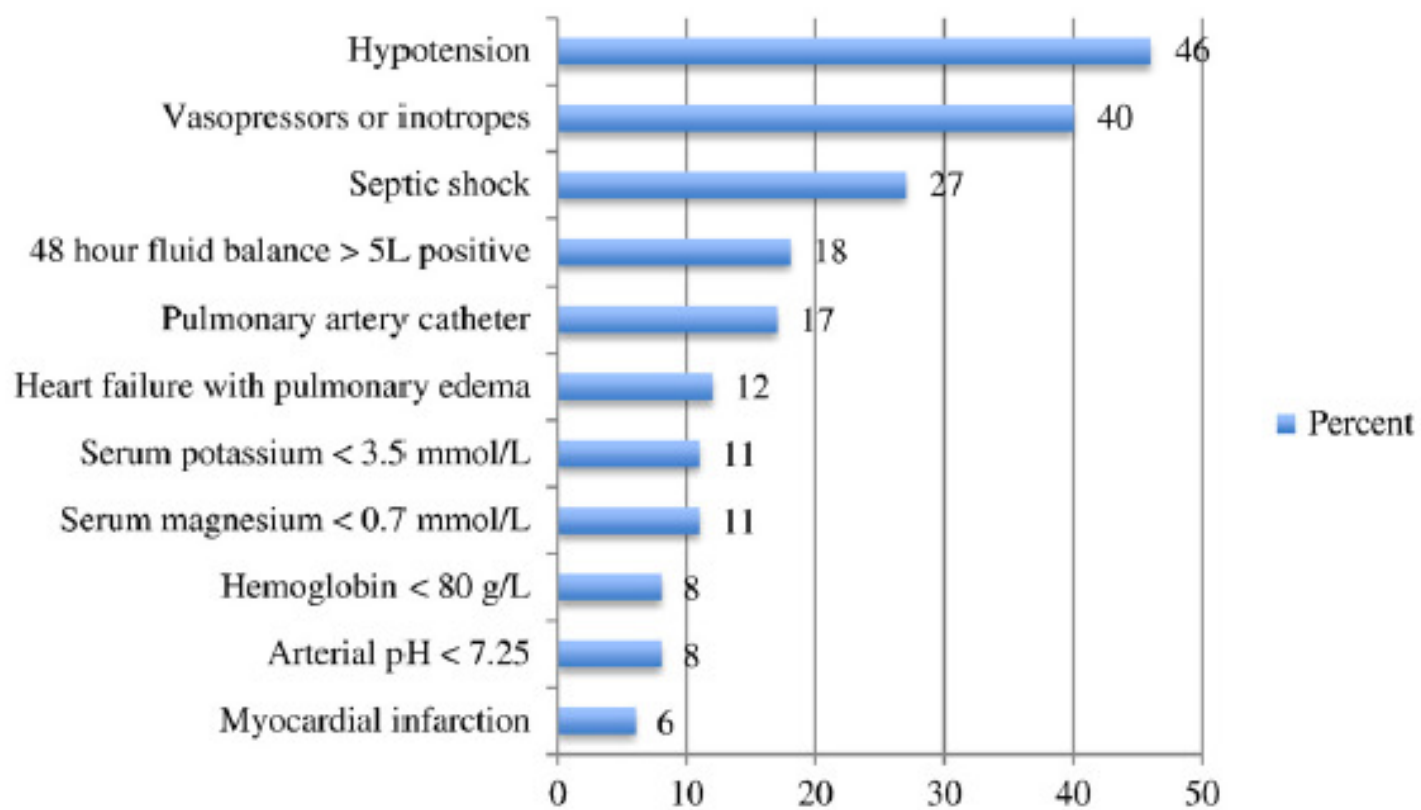
Variable	Adjusted Odds Ratio	95% CI	P Value
APACHE II score <sup>b</sup>	1.05	1.02-1.08	<0.01
New-onset AF	2.21	1.07-4.54	0.032
Septic shock	2.95	1.70-5.10	<0.01
RR T	3.21	1.41-7.29	<0.01
Mechanical ventilation	2.64	1.53-4.54	<0.01

# Long-term Outcomes Following Development of New-Onset Atrial Fibrillation During Sepsis

Outcome	No AF	New-Onset AF	Prior AF
Mortality, No. eligible	95,536	9,540	33,646
1 y*	39,353 (41.5)	4,383 (46.2)	17,386 (52.0)
2 y	48,837 (52.3)	5,270 (56.2)	21,127 (64.2)
3 y	54,899 (60.4)	5,855 (63.7)	23,326 (72.7)
4 y	58,956 (66.8)	6,293 (69.9)	24,682 (78.9)
5 y	61,793 (72.1)	6,590 (74.8)	25,554 (83.8)
Heart failure, No. eligible	95,536	9,540	33,646
1 y*	3,666 (3.9)	556 (5.9)	3,142 (9.4)
2 y	4,980 (5.4)	722 (7.7)	4,022 (12.3)
3 y	5,830 (6.5)	834 (9.2)	4,517 (14.2)
4 y	6,397 (7.4)	903 (10.2)	4,811 (15.5)
5 y	6,804 (8.2)	966 (11.2)	4,980 (16.5)
Ischemic stroke, No. eligible	93,025	9,185	32,509
1 y*	1,807 (2.0)	191 (2.1)	901 (2.8)
2 y	2,620 (2.9)	273 (3.1)	1,231 (3.9)
3 y	3,159 (3.7)	349 (4.1)	1,444 (4.8)
4 y	3,515 (4.2)	398 (4.8)	1,569 (5.4)
5 y	3,753 (4.7)	427 (5.3)	1,659 (5.9)

# Epidemiology and management of atrial fibrillation in medical and noncardiac surgical adult intensive care unit patients ☆☆☆

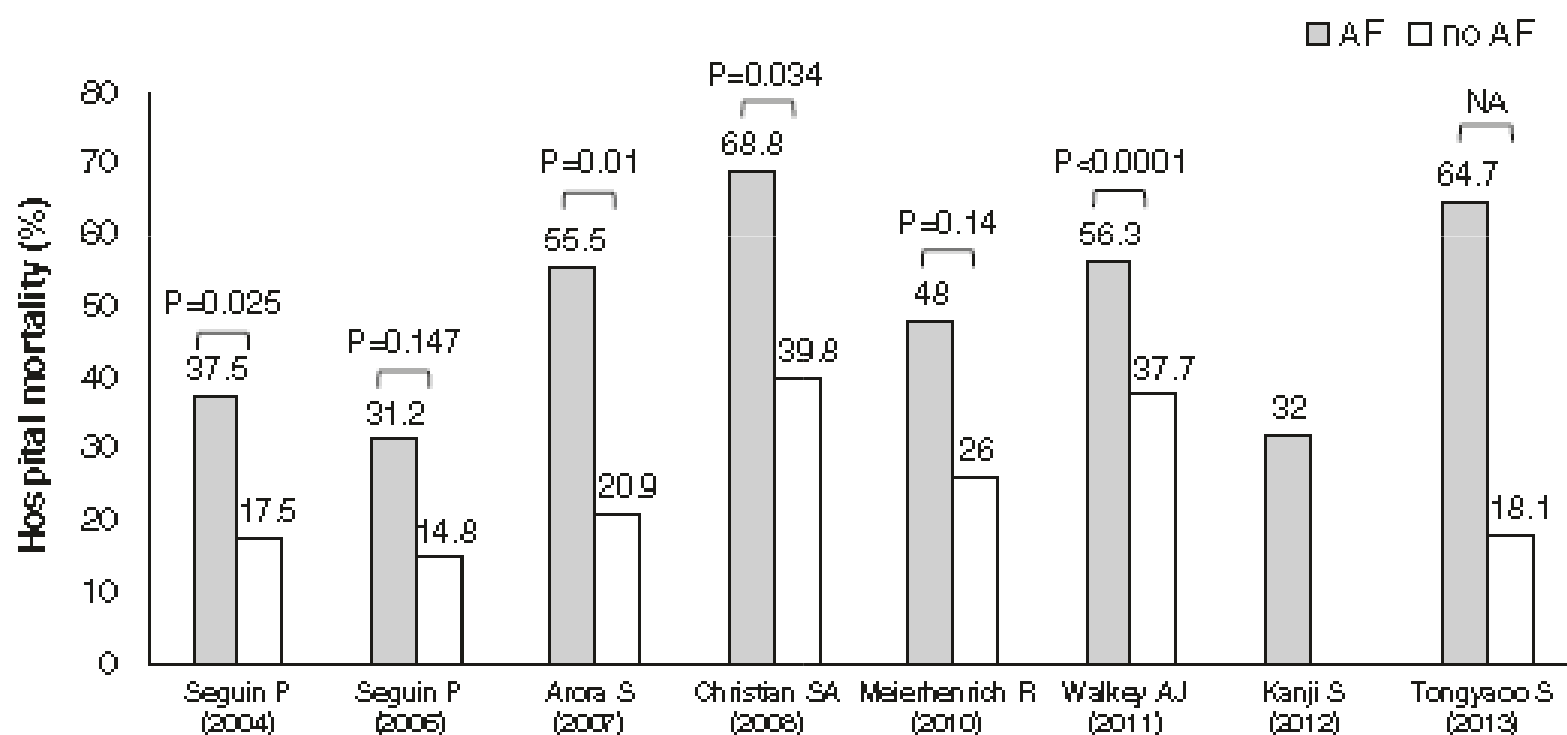
## Epidemiology and management in medical and noncardiac ICU



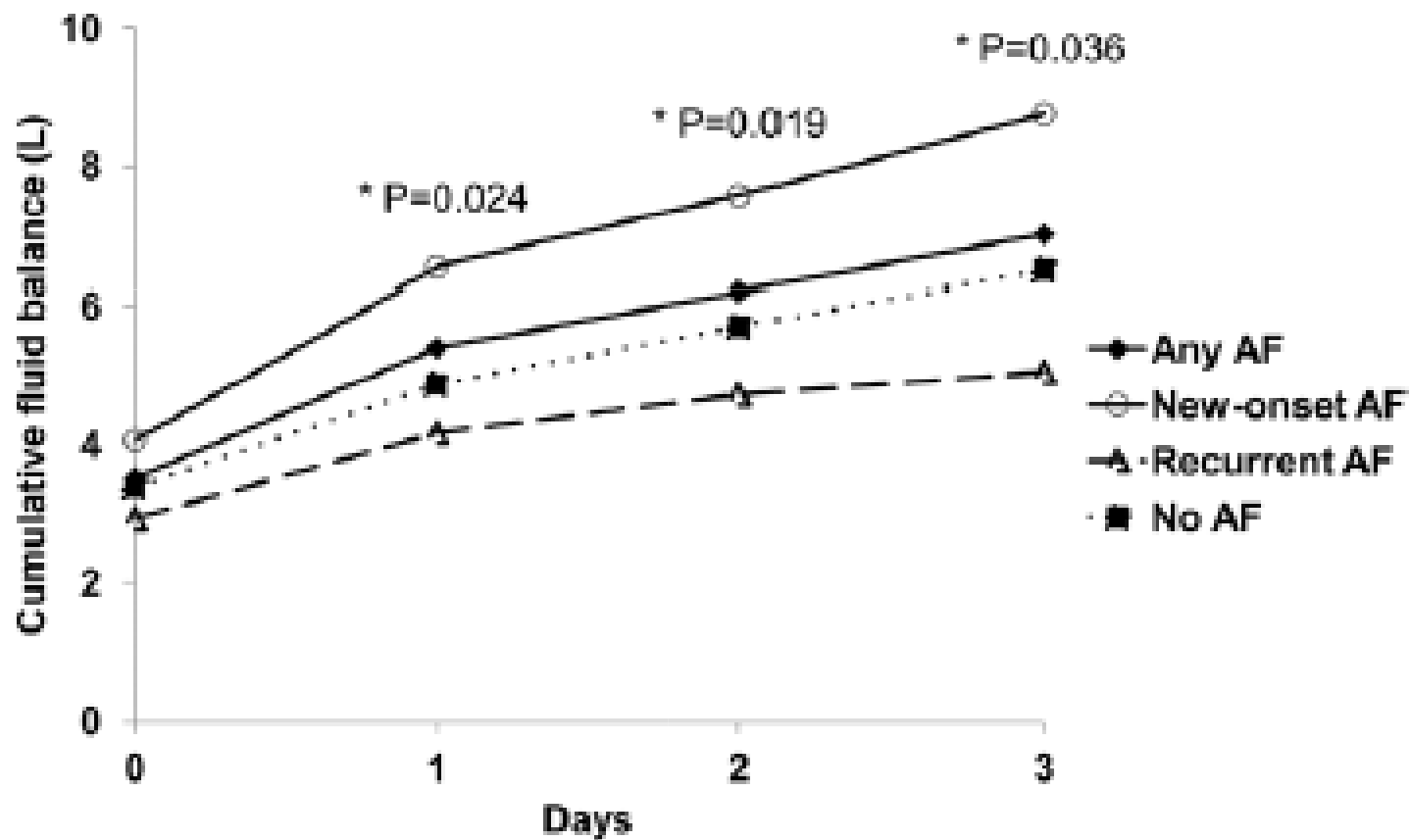
N=3081  
FA nova – 4,5%  
FA preexistete – 6

Fig. 1 Risk factors identified at the onset or immediately before the development of new-onset AF (n = 139).

# Epidemiology, prevention, and treatment of new-onset atrial fibrillation in critically ill: a systematic review



# Atrial Fibrillation Is an Independent Predictor of Mortality in Critically Ill Patients\*





na utilização que fazer?

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# Epidemiology and management of atrial fibrillation in medical and noncardiac surgical adult intensive care unit patients☆☆☆

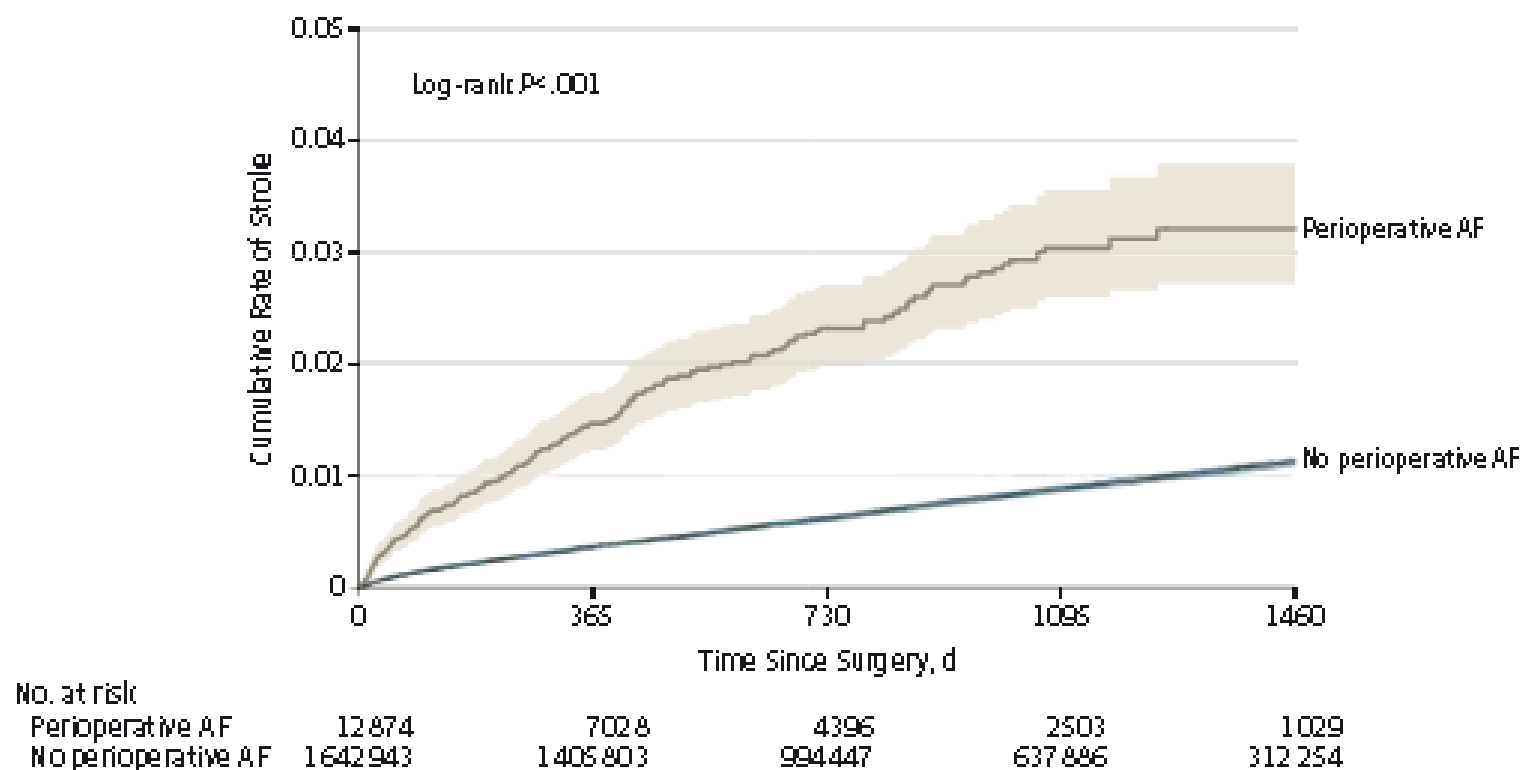
	FA nova FA nova	FA preexistente FA preexistente
Amiodarona FC	134 ± 29 bpm	111 ± 18 bpm
Duração Média FC > 150 bpm	4 dias 25%	3 dias 13%
Dose cumulativa Instabilidade Hemodinâmica	2324 mg 37%	2016 mg 10%
Sucesso na conversão RS IAM	87%	42%
Retorno para FA Edema Pulmonar	42% 4%	50% 2%
Controle de FC Cardioversão	19% (70% tinham instabilidade)	3% (60% tinham instabilidade)
Sucesso na conversão RS Conversão Ritmo Sinusal	75% 50%	0% 0%
Sucesso no controle de FC Manutenção RS por 24h	71% 27%	86%
Anticoagulação	16%	19%
Evento embólico	0	0
Evento hemorrágico	3	2

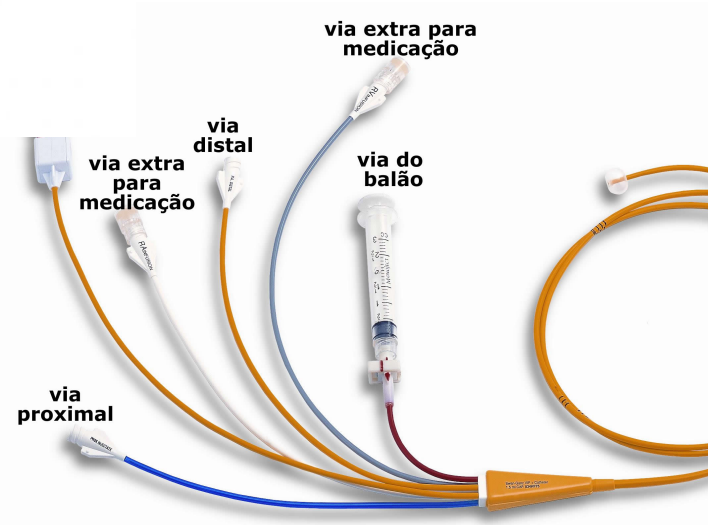
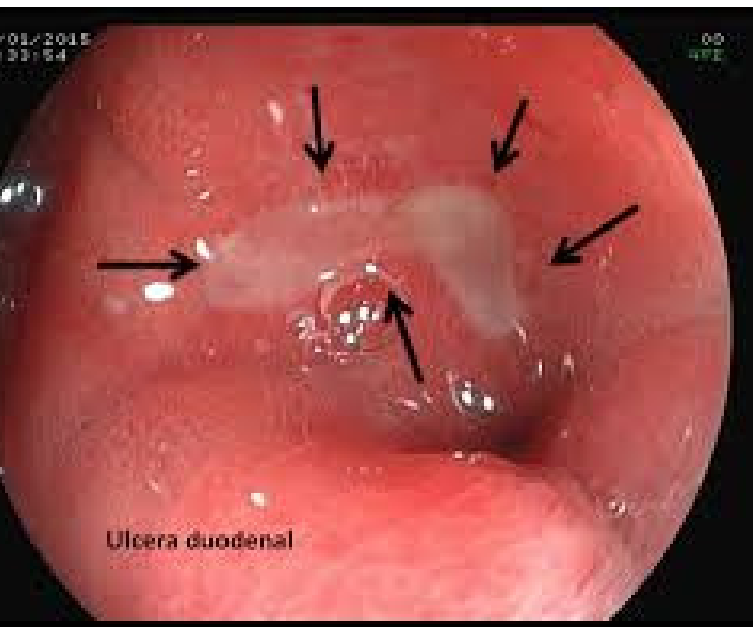
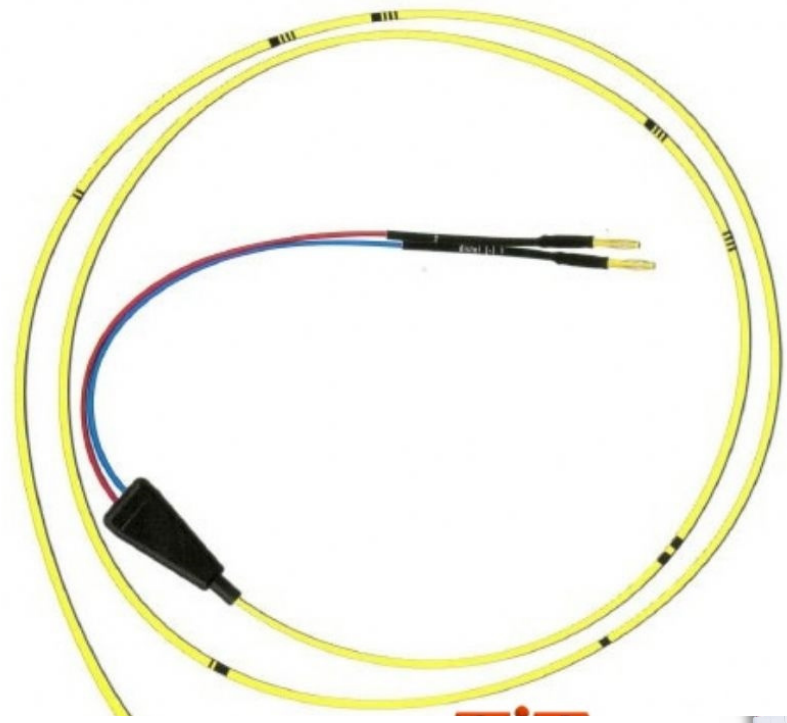
risk factors and outcomes associated with new onset atrial fibrillation  
during acute respiratory distress syndrome☆☆☆

- 282 pacientes com ARDS
- 10% desenvolveram FA nova
- Associado com aumento de mortalidade em 90 dias
- 43% x 19%

# Perioperative Atrial Fibrillation and the Long-term Risk of Ischemic Stroke

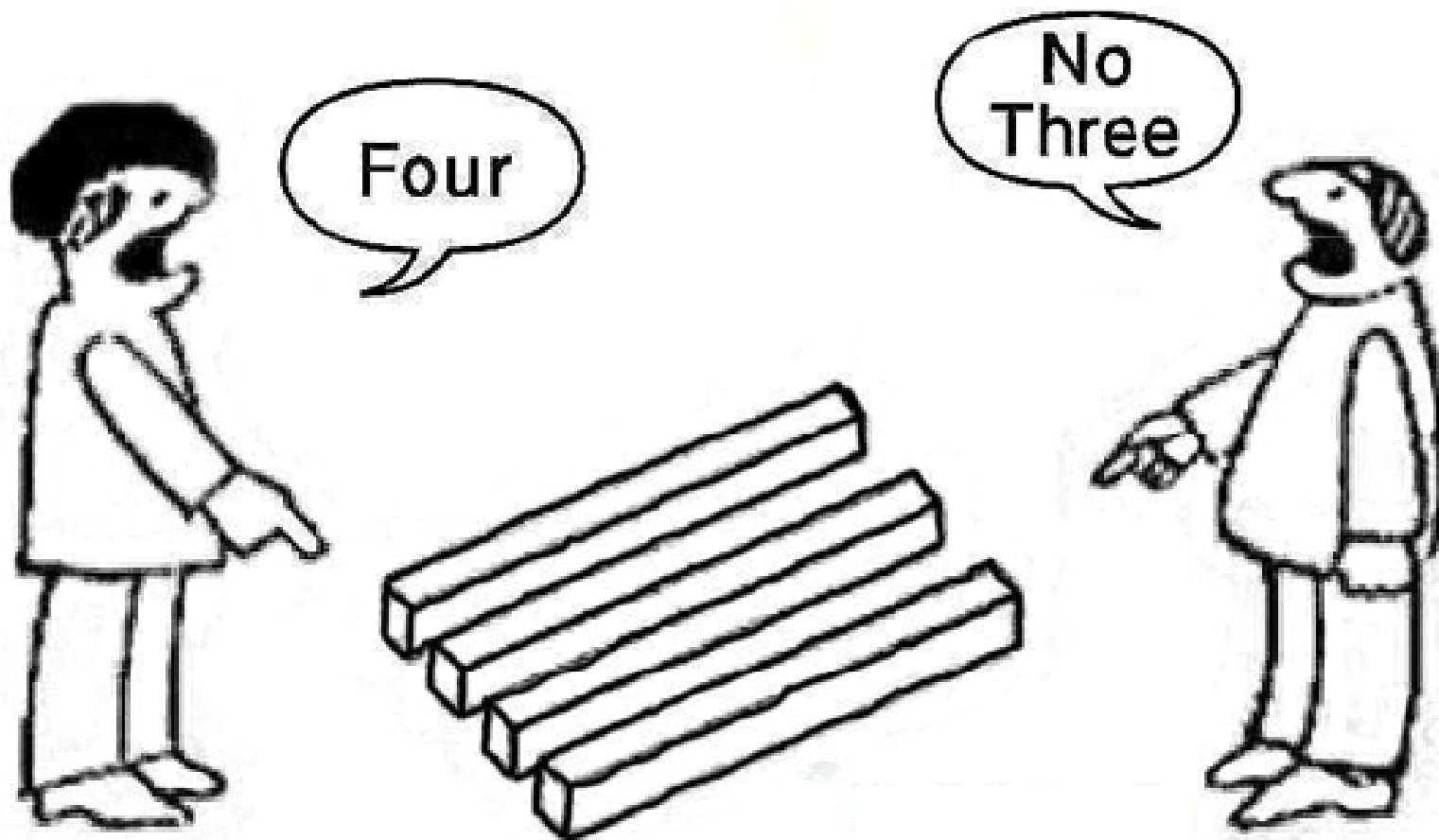
Figure 1. Cumulative Rates of Ischemic Stroke After Hospitalization for Noncardiac Surgery





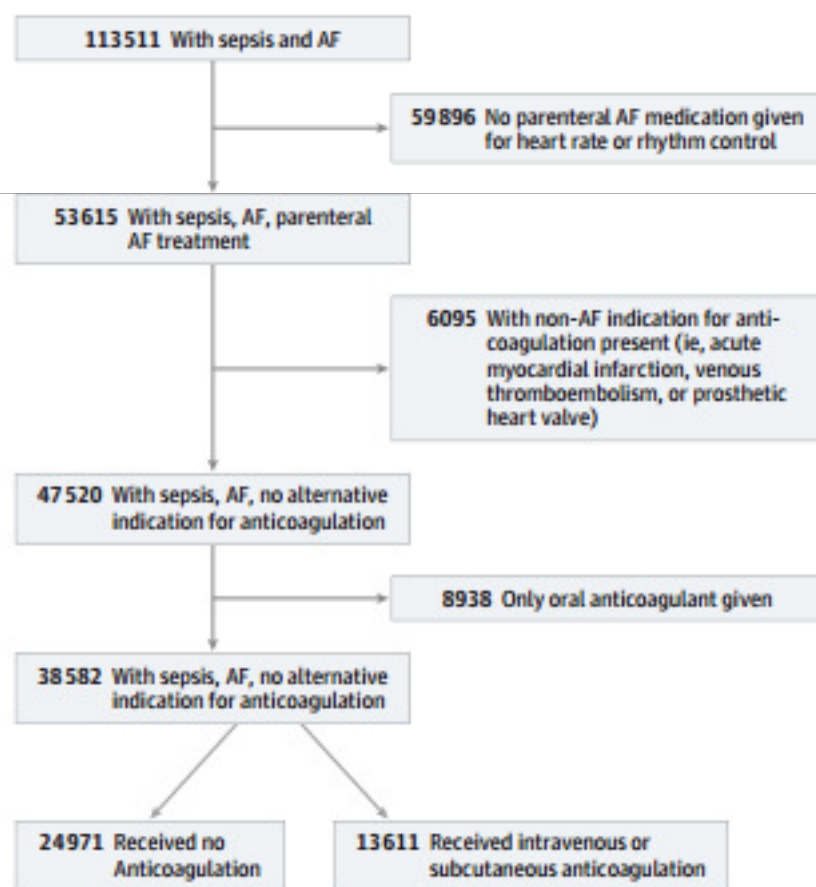
# Anticoagular ou não anticoagular?

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# Practice Patterns and Outcomes Associated With Use of Anticoagulation Among Patients With Atrial Fibrillation During Sepsis

Figure 1. Flowchart of Patient Inclusion Into Primary Analysis Cohort



## Atrial Fibrillation During Sepsis

No Anticoagulation	RR (95% CI)
341/24 971 (1.4)	0.94 (0.78-1.12)
1773/24 971 (7.1)	1.24 (1.13-1.36)
185/13 505 (1.4)	0.94 (0.77-1.15)
979/13 505 (7.2)	1.21 (1.10-1.32)

# Practice Patterns and Outcomes Associated With Use of Anticoagulation Among Patients With Atrial Fibrillation During Sepsis

- CHA<sub>2</sub>DS<sub>2</sub> – VASC (Estatística C de 0,52)
- AVE: FA nova – 1,9% / FA preexistente – 1,2%
- Risco de sangramento: FA nova – 12,6% / FA preexistente – 6,7%



- ANTICOAGULAÇÃO:
- Deve ser iniciado?
- Em que momento?



**Choosing  
Wisely<sup>®</sup>**

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Less is More...Choose Wisely!

Obrigado!