

Fibrilação Atrial em pacientes críticos não cardíacos

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Um Raio X

- 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.^a

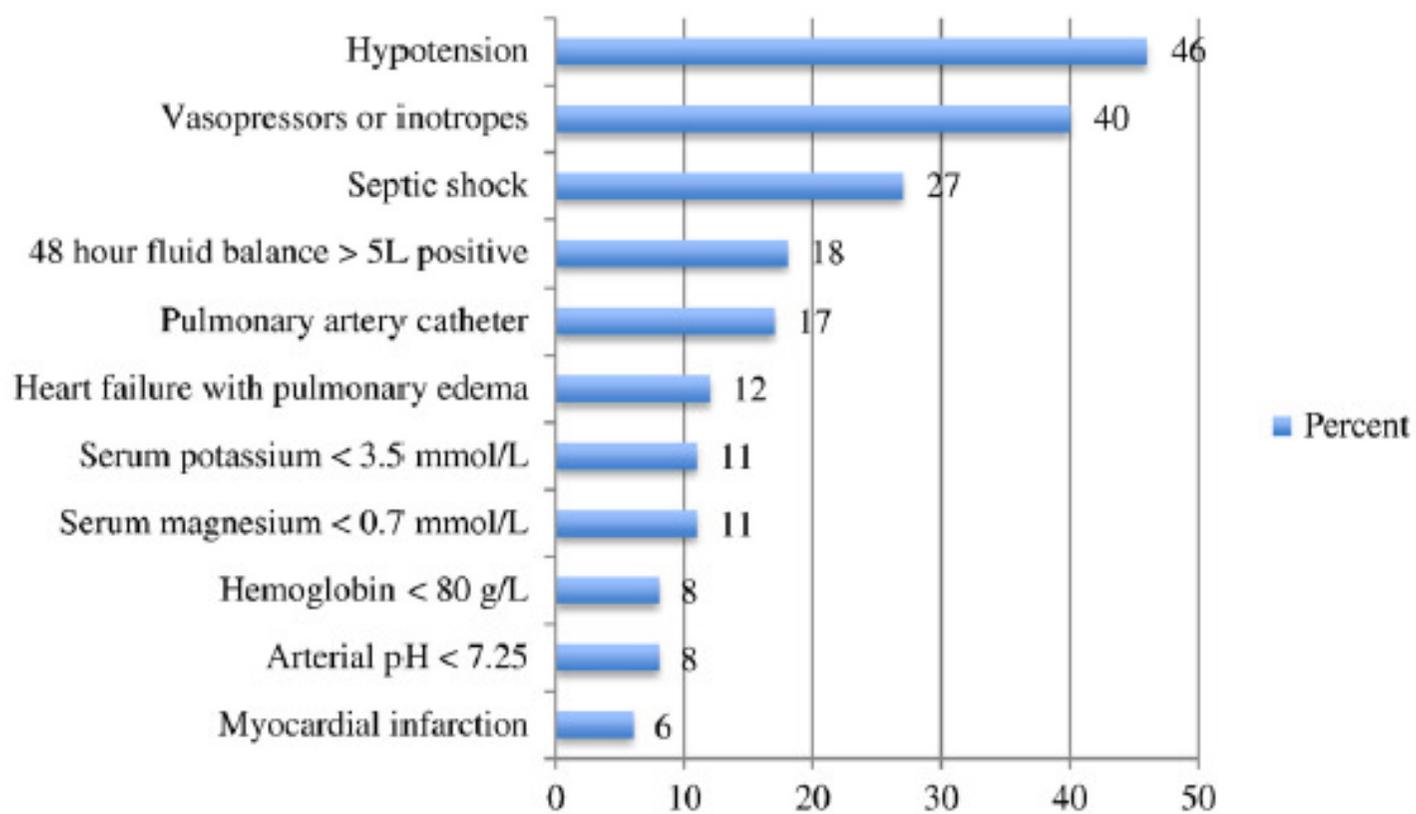
Variable	Adjusted Odds Ratio	95% CI	P Value
APACHE II score ^b	1.05	1.02-1.08	<0.01
New-onset AF	2.21	1.07-4.54	0.032
Septic shock	2.95	1.70-5.10	<0.01
RR T	3.21	1.41-7.29	<0.01
Mechanical ventilation	2.64	1.53-4.54	<0.01

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 ☆☆☆

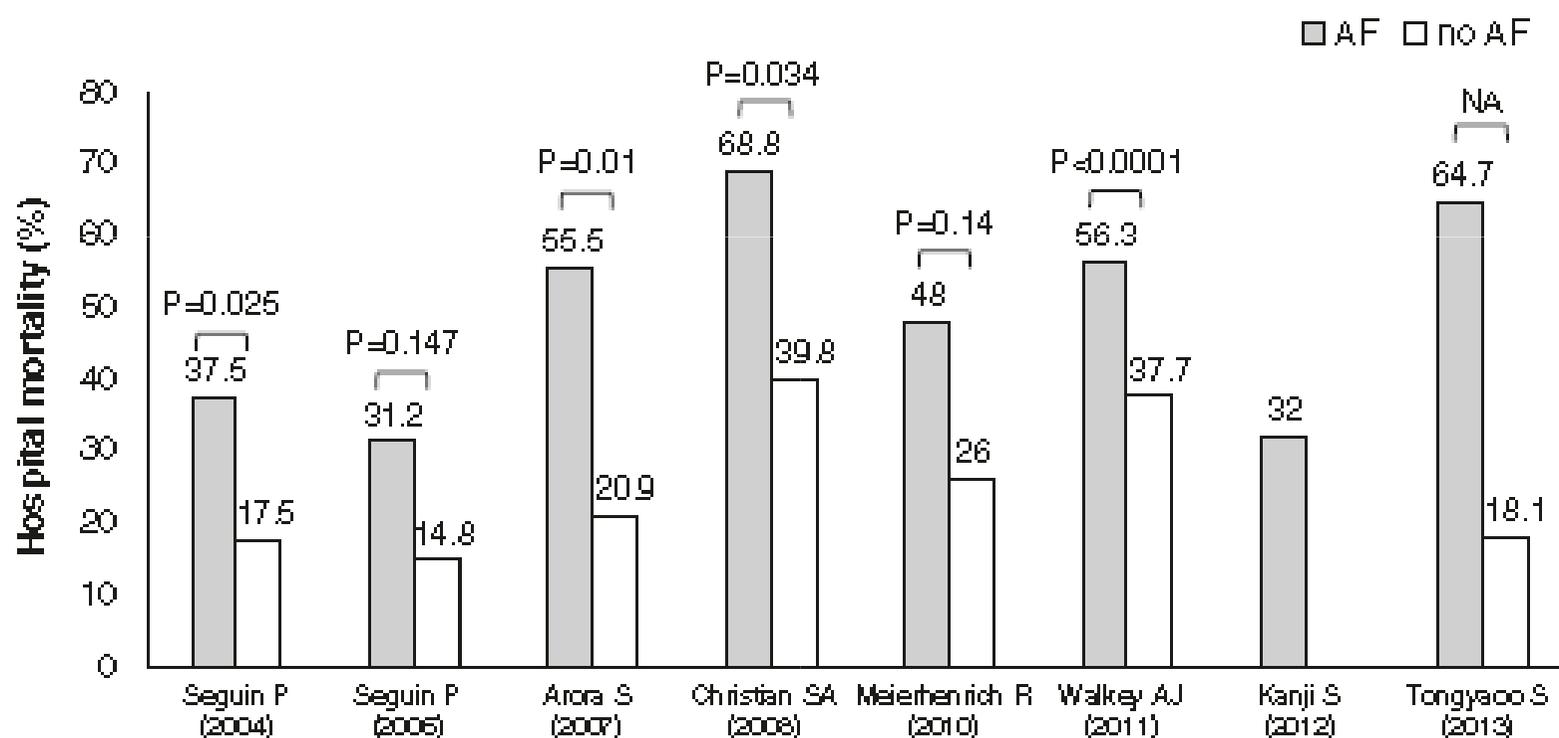
Epidemiology and management in medical and noncardiac ICU



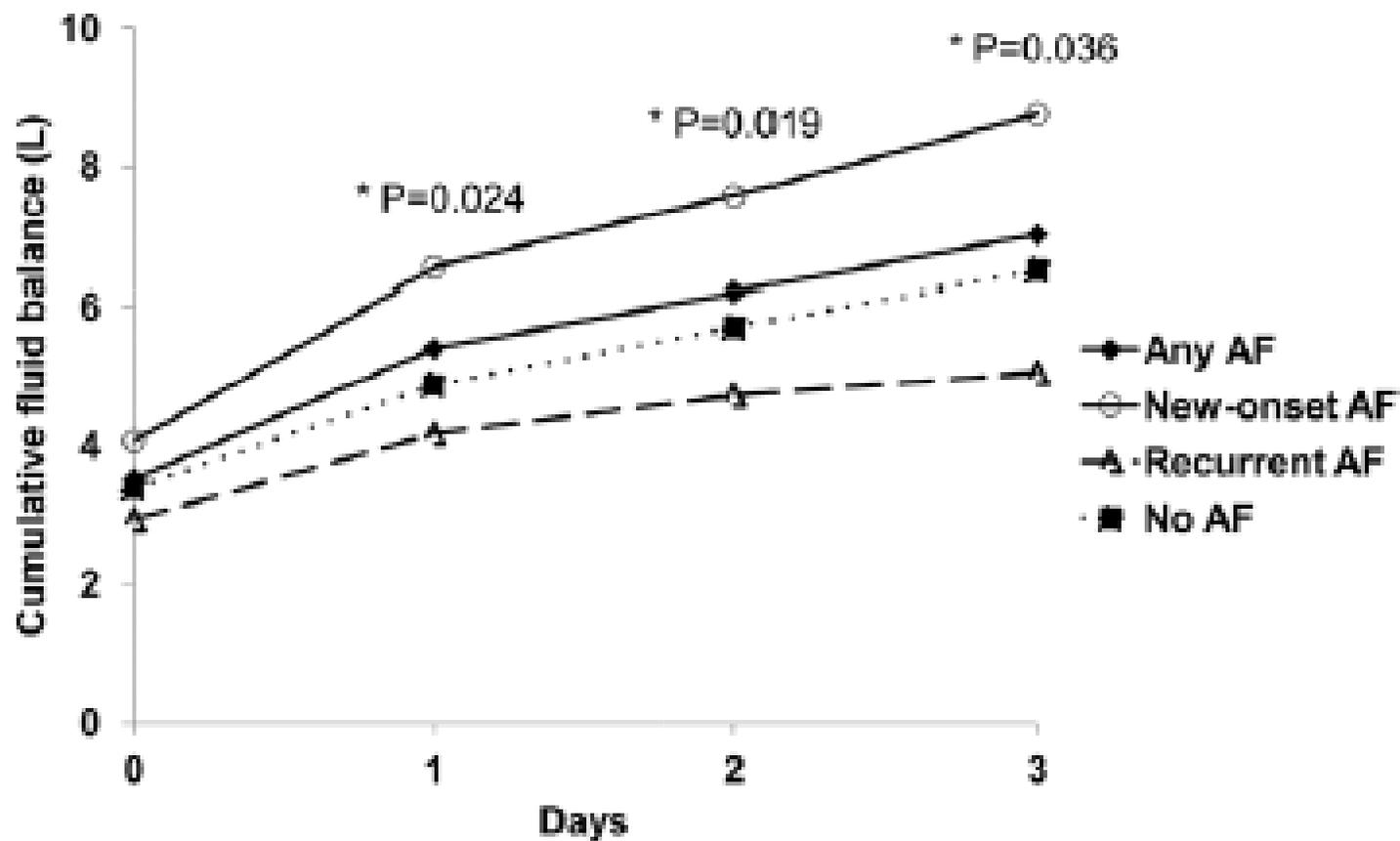
N=3081
FA nova – 4,5%
FA preexistete – 6

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?



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

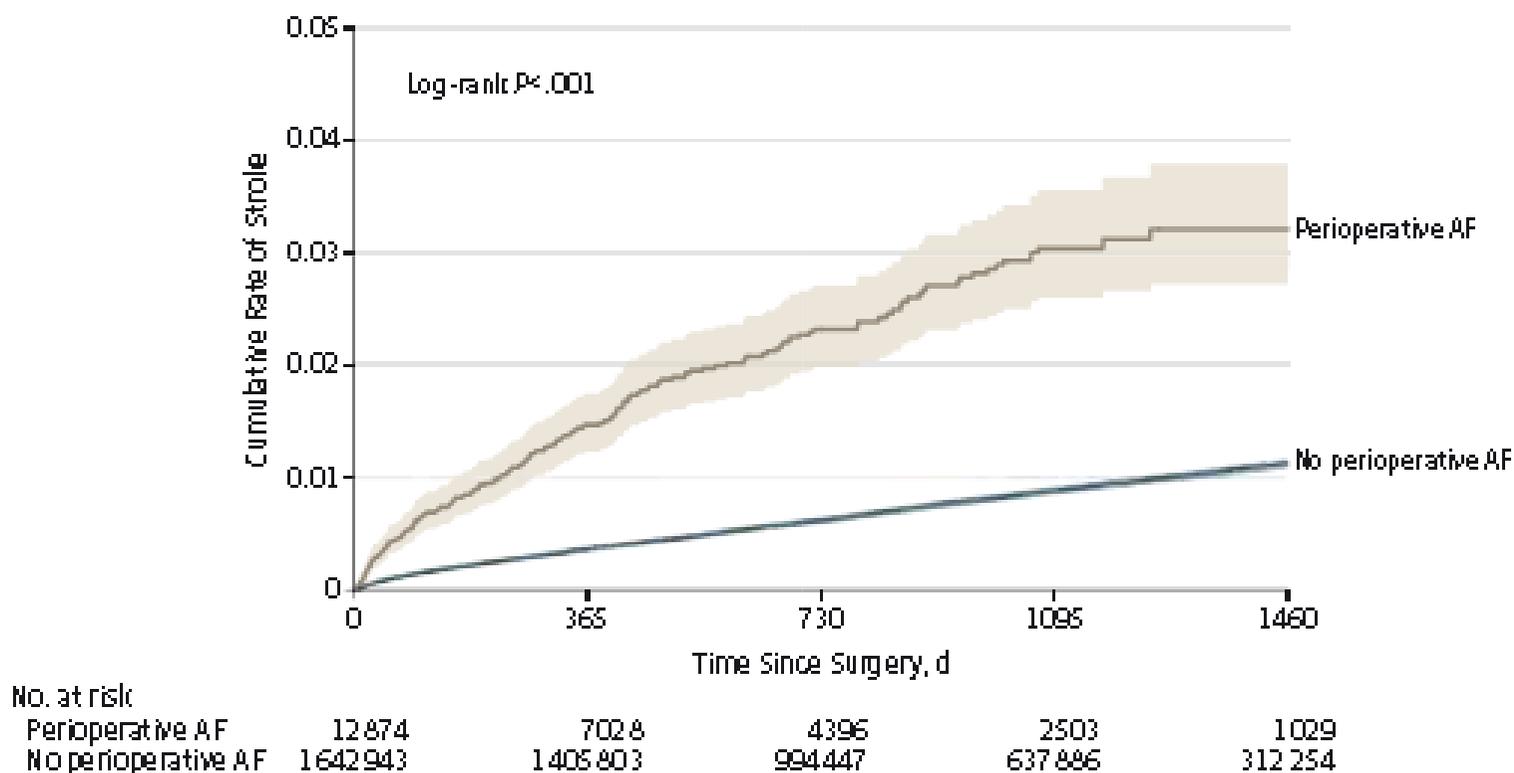
	FA nova	FA preexistente
Amiodarona	134	111
FC	74 ± 29 bpm	76 ± 18 bpm
Duração Média	4 dias	3 dias
FC > 150 bpm	25%	13%
Dose cumulativa	2324 mg	2016 mg
Instabilidade Hemodinâmica	37%	10%
Sucesso na conversão RS	87%	42%
IAM	4%	4%
Retorno para FA	42%	50%
Edema Pulmonar	4%	2%
Controle de FC	19% (70% tinham instabilidade)	3% (60% tinham instabilidade)
Cardioversão	20%	80%
Sucesso na conversão RS	75%	0%
Conversão Ritmo Sinusal	50%	0%
Sucesso no controle de FC	71%	86%
Manutenção RS por 24h	27%	
Anticoagulação	16%	19%
Evento embólico	0	0
Evento hemorrágico	3	2

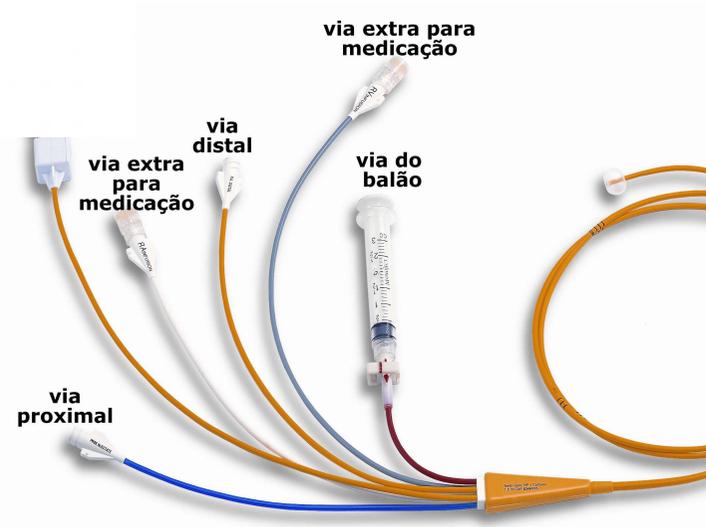
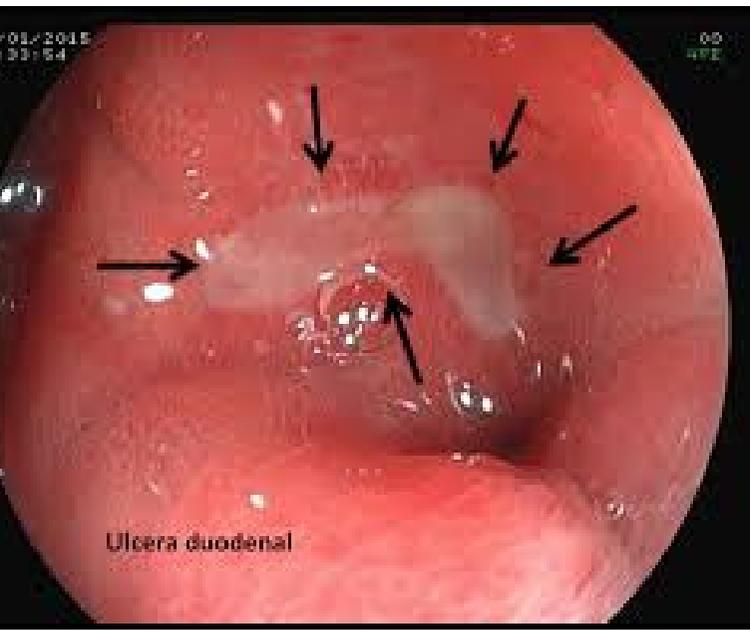
risk factors and outcomes associated with new onset atrial fibrillation
during acute respiratory distress syndrome☆☆☆

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

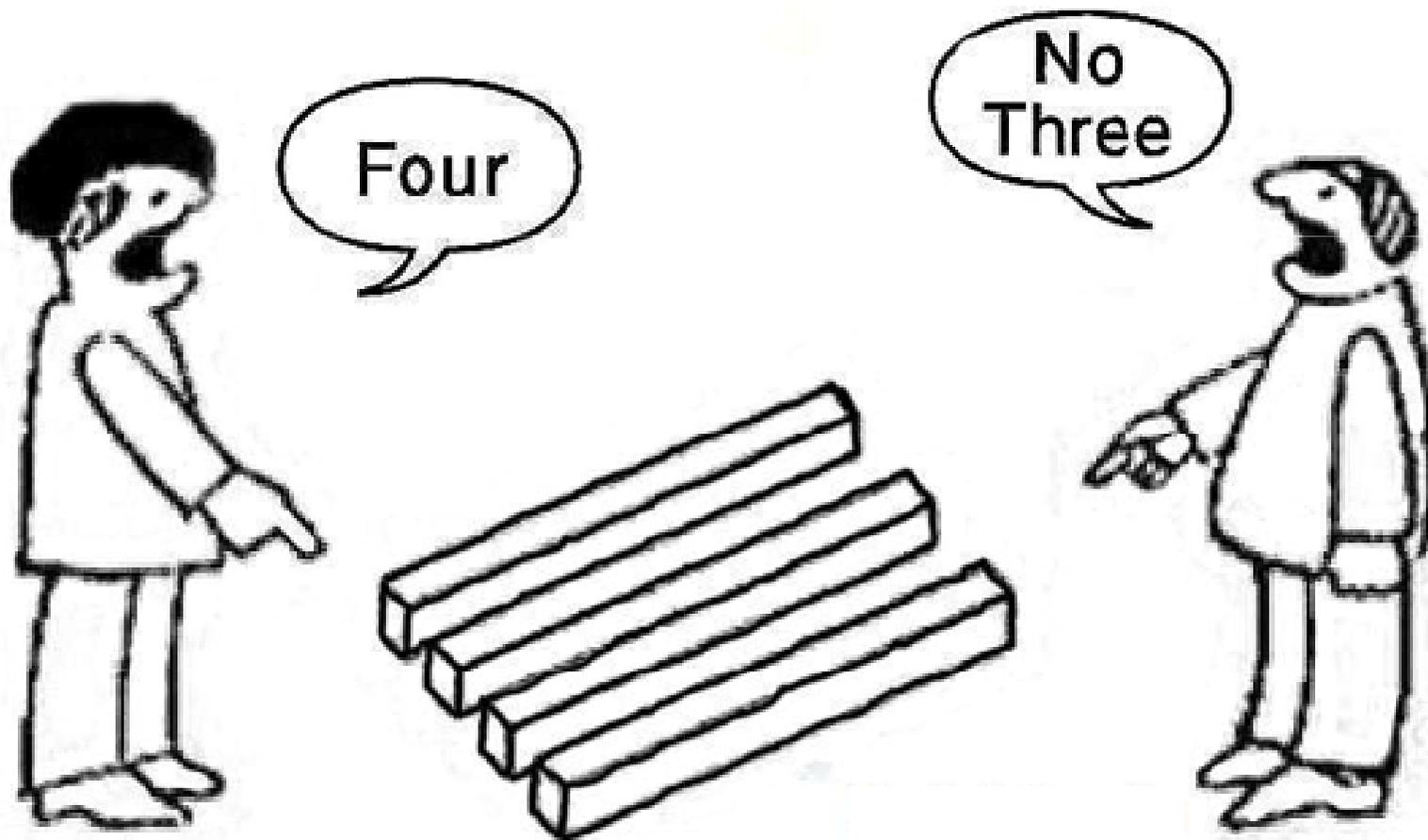
Perioperative Atrial Fibrillation and the Long-term Risk of Ischemic Stroke

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



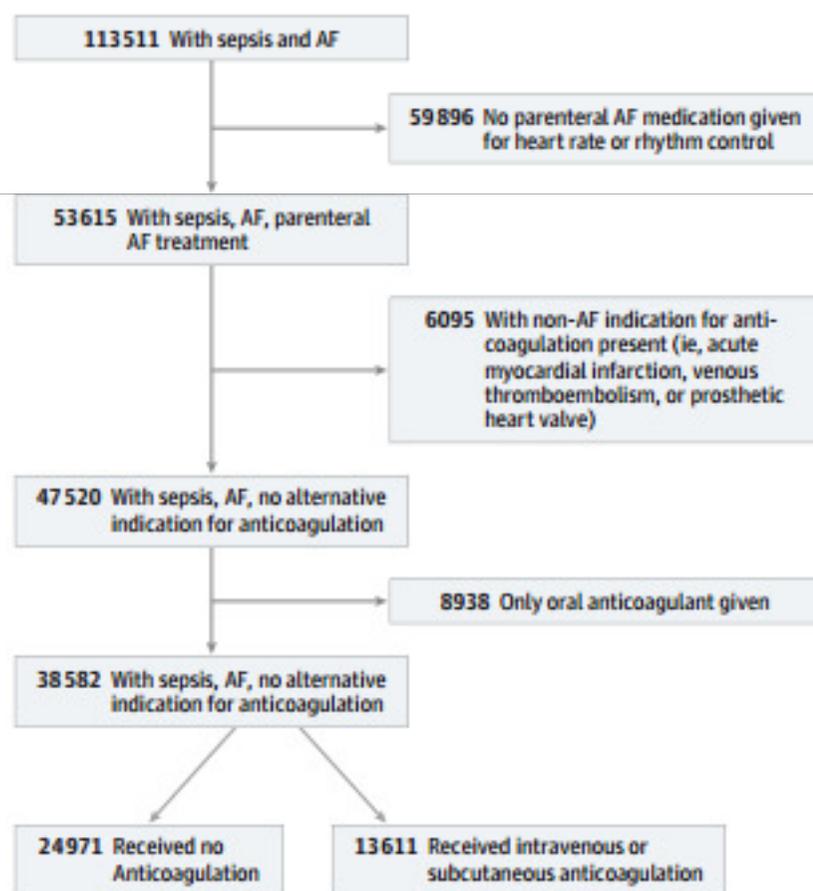


Anticoagular ou não anticoagular?



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

- CHA₂DS₂ – 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?



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Obrigado!