Update on atrial fibrillation

The number of patients with atrial fibrillation is anticipated to increase the prevalence of AF increases with age. It is more common in males. AF is more common among Caucasians patients with cardiac conditions like congestive heart failure, valvular heart disease, MI and those having diabetes mellitus, hypertension are prone to have AF. Pathological changes associated with AF include atrial fibrosis and loss of atrial muscle mass. AF is thought to be triggered by ectopic foci or the generation of multiple wavelets, that lead to uncoordinated atrial contraction. Ectopic foci are found in the pulmonary veins and elsewhere (e.g., superior vena cava). Electrical and structural remodeling in the atria may be responsible for progression from paroxysmal to persistent or permanent AF. Typical symptoms of AF include palpitations, fatigue, chest pain, dizziness, syncope and dyspnoea. AF may also be asymptomatic. Approximately 38% of patients with AF are asymptomatic. AF has serious consequences. It is an independent risk factor for stroke, mortality and heart failure. In the management of AF, it is important to identify the cause and then to establish a strategy to avoid strokes and to treat symptoms – if there are any. Oral anticoagulation is the only treatment for AF which improves prognosis. It prevents 60% of strokes in AF and 75% of embolic strokes. It reduces mortality by 25% and 20% of strokes are preventable. All patients with AF and with CHA2DS2 VASc score 1 for male and 2 for females should be considered for anti-coagulation. Other measures are rate control, cardio version and ablate therapy including pace & ablate.

Biography
Seemin Afshan Shiraz has completed her MRC, UK in 2007 and then European Diploma in Critical Care in 2009. She has extensive experience in Internal Medicine and Critical Care. She has been involved in teaching of medical students at University of Sharjah along with the training and teaching of postgraduate students of family medicines, internal medicine and critical care medicine. Currently, she is working as an In-Charge of a Critical Care Facility in Dubai, United Arab Emirates.

Notes: