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Progression and clinical manifestations in screening-detected atrial fibrillation: a five-year follow-up of the STROKESTOP study

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Introduction: Atrial fibrillation (AF) is the most common cardiac arrhythmia. The progression from paroxysmal to permanent AF is usually estimated to 4-17% yearly and predictors for progression are not unified. AF is often asymptomatic, but due to data from screening and pacemaker studies silent AF has been highlighted and might account for 1/3 of all AF. The progression rate and possible symptom progression for screening-detected AF has not been studied before.

Purpose: The primary aim was to examine AF progression and symptoms after five years in patients with screening-detected AF in the STROKESTOP study. The secondary aim was to investigate potential predictors to developing permanent AF.

Methods: All participants from the STROKESTOP study with screening-detected AF were included in this prospective cohort study (n=218). Deceased patients, patients with dementia and/or patients receiving institutional care were excluded (n=31). Of 187 invited patients 120 (64%) participated. They were interviewed at their visit regarding symptoms, usage of OAC treatment and clinical events during follow-up and instructed to record ECG using a handheld ECG recording twice daily for two weeks.

Results: The median age of the patients was 81.0±0.6 years and 56 (47%) of the participants were women. At study entry, 39/218 (18%) were diagnosed with permanent AF compared to 49/120 (41%) after five years (p<0.001). Among patients with paroxysmal AF at study entry, 33/98 (34%) had progressed to permanent AF after five years. Among participants 48% reported symptoms possibly secondary to AF after five years. None of the components of CHA2DS2-VASc were predictive of AF progression.

Conclusions: The progression for screening-detected AF is similar to that of clinically detected AF. Many patients with screening-detected AF develop symptoms. A screening strategy can facilitate for early detection of silent AF before clinical manifestations have developed.