

# **Qué hay de nuevo en fibrilación auricular**

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# **Qué hay de nuevo en fibrilación auricular**

- 1. Nuevos anticoagulantes**
- 2. Nuevos criterios para indicar la anticoagulación**

# What do the RE-LY, AVERROES and ROCKET-AF trials tell us for stroke prevention in atrial fibrillation?

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**Table 1:** The RE-LY, AVERROES and ROCKET-AF trials compared. The table is based on preliminary data presented for AVERROES and ROCKET-AF (8, 9).

Trial	RE-LY	AVERROES	ROCKET-AF
Drug and doses	Dabigatran etexilate 150 mg BID or 110 mg BID	Apixaban 5 mg BID	Rivaroxaban 20 mg QD (15 mg QD in patients with creatinine clearance 30–49 ml/min)
Number of patients	18,113	5,600	14,000
Design	Randomised, open label	Randomised, double-blind	Randomised double-blind, double dummy
Condition	AF within 6 months prior randomisation + 1 risk factor	AF within 6 months prior randomisation + 1 risk factor	AF within 6 months prior randomisation + 2 risk factors



# Guidelines for the management of atrial fibrillation

## The Task Force for the Management of Atrial Fibrillation of the European Society of Cardiology (ESC)

Developed with the special contribution of the European Heart Rhythm Association (EHRA)<sup>†</sup>

Endorsed by the European Association for Cardio-Thoracic Surgery (EACTS)

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The disclosure forms of the authors and reviewers are available on the ESC website [www.escardio.org/guidelines](http://www.escardio.org/guidelines)

# Consensus Document: Antithrombotic therapy in patients with atrial fibrillation undergoing coronary stenting\*

## A North-American perspective

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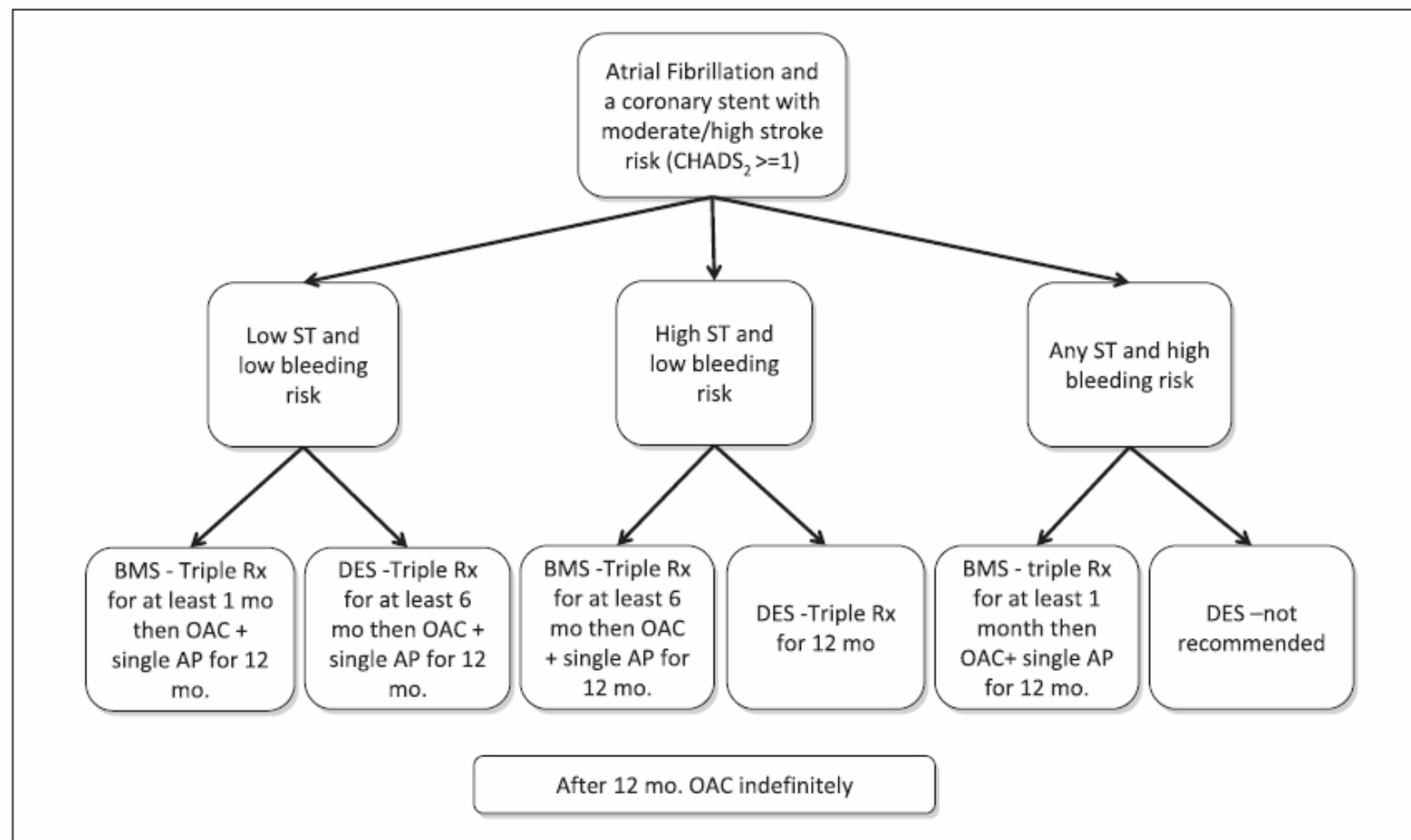
### Summary

The optimal regimen of the anticoagulant and antiplatelet therapies in patients with atrial fibrillation who have had a coronary stent is unclear. It is well recognised that "triple therapy" with aspirin, clopidogrel, and warfarin is associated with an increased risk of bleeding. National guidelines have not made specific recommendations given the lack of adequate data. In choosing the best antithrombotic options for a patient, consideration needs to be given to the risks of stroke, stent throm-

bolism and major bleeding. This document describes these risks, provides specific recommendations concerning vascular access, stent choice, concomitant use of proton-pump inhibitors and the use and duration of triple therapy following stent placement based upon the risk assessment.

### Keywords

Atrial fibrillation, antithrombotic therapy, warfarin, triple therapy, stent



**Figure 1:** Recommendations for the duration of triple therapy in patients with atrial fibrillation and a coronary stent (BMS or DES) with moderate/high stroke risk (CHADS<sub>2</sub> ≥ 1). BMS, bare metal stent; DES, drug eluting stent; OAC, warfarin; AP, anti-platelet agent; triple therapy, aspirin, clopidogrel and warfarin.

# Caso clínico 1

- Mujer de 81 años, hipertensa y diabética. **Ictus isquémico** hace 3 meses. Fibrilación auricular.

## Tratamiento:

- 1.- anticoagulación
- 2.- antiagregación
- 3.- anticoagulación y antiagregación

# Caso clínico 2

- Mujer de 81 años, hipertensa y diabética.  
**Claudicación intermitente** a 30 metros.  
Fibrilación auricular.

## Tratamiento:

- 1.- anticoagulación
- 2.- antiagregación
- 3.- anticoagulación y antiagregación



# Caso clínico 3

- Mujer de 81 años, hipertensa y diabética. **Infarto de miocardio** hace 3 meses. Fibrilación auricular.

## Tratamiento:

- 1.- anticoagulación
- 2.- antiagregación
- 3.- anticoagulación y antiagregación

# Caso clínico 4

- Mujer de 81 años, hipertensa y diabética. **Infarto agudo de miocardio hace 3 meses. Stent fármaco-activo.** Fibrilación auricular.

## Tratamiento:

- 1.- anticoagulación
- 2.- antiagregación
- 3.- anticoagulación y antiagregación

# Casos clínicos 1, 2, 3, 4

- **Mujer de 81 años, hipertensa y diabética. AVC isquémico, claudicación intermitente o infarto de miocardio previos. Fibrilación auricular.**

**Hay que considerar:**

- **1.- riesgo de hemorragia**
- **2.- riesgo de embolias sistémicas**
- **3.- riesgo de progresión de la arteriosclerosis**

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# REGISTRO FRENA

- 24 hospitales

- **Pacientes ambulatorios con enfermedad arterial reciente (< 3 meses) en territorio coronario (infarto o angina), cerebral (ictus establecido o AIT) o en extremidades inferiores (claudicación intermitente, dolor en reposo o lesiones isquémicas).**

- **Seguimiento cada 3 meses, mínimo un año.**

[www.frena.org](http://www.frena.org)

# Características clínicas

	Fibrilación auricular	Ritmo sinusal	p
<b><i>Pacientes, N</i></b>	<b>444</b>	<b>3.166</b>	
<b><i>Características clínicas,</i></b>			
<b>Edad media (años±DS)</b>	<b>74±8,9</b>	<b>65±12</b>	<b>&lt;0,001</b>
<b>Género (varones)</b>	<b>263 (59%)</b>	<b>2.418 (76%)</b>	<b>&lt;0,001</b>
<b><i>Enfermedades de base,</i></b>			
<b>Hipertensión</b>	<b>356 (80%)</b>	<b>2.110 (67%)</b>	<b>&lt;0,001</b>
<b>Diabetes</b>	<b>163 (44%)</b>	<b>1.186 (38%)</b>	<b>0,014</b>
<b>Insuficiencia cardiaca</b>	<b>114 (26%)</b>	<b>165 (5,2%)</b>	<b>&lt;0,001</b>
<b>Aclaramiento creatinina (mL/min)</b>	<b>57±24</b>	<b>75±30</b>	<b>&lt;0,001</b>
<b><i>Presentación clínica,</i></b>			
<b>Infarto de miocardio</b>	<b>145 (33%)</b>	<b>1.229 (39%)</b>	<b>0,012</b>
<b>Ictus isquémico</b>	<b>150 (34%)</b>	<b>886 (28%)</b>	<b>0,011</b>
<b>Arteriopatía periférica</b>	<b>149 (34%)</b>	<b>1051 (33%)</b>	<b>N.S.</b>

# Tratamientos

	Fibrilación auricular	Ritmo sinusal	p
<b>Pacientes, N</b>	<b>444</b>	<b>3.166</b>	
<b>Fármacos,</b>			
<b>Amiodarona</b>	<b>109 (25%)</b>	<b>0</b>	<b>&lt;0,001</b>
<b>Digoxina</b>	<b>113 (26%)</b>	<b>19 (0,6%)</b>	<b>&lt;0,001</b>
<b>Antiagregación</b>	<b>156 (35%)</b>	<b>2.931 (93%)</b>	<b>&lt;0,001</b>
<b>Anticoagulación</b>	<b>159 (36%)</b>	<b>96 (3,0%)</b>	<b>&lt;0,001</b>
<b>Antiagregación y anticoagulación</b>	<b>129 (29%)</b>	<b>139 (4,4%)</b>	<b>&lt;0,001</b>

# Seguimiento de los pacientes con FA

		IAM	AVC	AP
<b>Todos, N</b>		<b>145</b>	<b>150</b>	<b>149</b>
<b>Seguimiento (años)</b>		<b>199</b>	<b>184</b>	<b>189</b>
<b>Infarto de miocardio</b>		<b>4,6 (2,3-8,5)</b>	<b>0</b>	<b>4,3 (2,0-8,2)</b>
<b>Ictus isquémico</b>		<b>1,5 (0,4-4,2)</b>	<b>5,6 (2,8-9,9)</b>	<b>4,3 (2,0-8,2)</b>
<b>Isquemia crítica EE.II.</b>		<b>2,0 (0,6-4,9)</b>	<b>0,5 (0,1-2,7)</b>	<b>6,8 (3,7-12)</b>
<b>Hemorragia grave</b>		<b>1,5 (0,4-4,1)</b>	<b>0,5 (0,1-2,7)</b>	<b>2,7 (1,0-5,9)</b>
<b>Muerte</b>		<b>7,5 (4,4-12)</b>	<b>3,3 (1,3-6,8)</b>	<b>11 (6,7-16)</b>

Eventos por 100 pacientes-año

# Seguimiento de los pacientes con FA

	Todos	IAM	AVC	AP
<b>Todos, N</b>	<b>444</b>	<b>145</b>	<b>150</b>	<b>149</b>
<b>Seguimiento (años)</b>	<b>572</b>	<b>199</b>	<b>184</b>	<b>189</b>
<b>Infarto de miocardio</b>	<b>3,3 (2,1-5,0)</b>	<b>4,6 (2,3-8,5)</b>	<b>0</b>	<b>4,3 (2,0-8,2)</b>
<b>Ictus isquémico</b>	<b>3,4 (2,4-5,6)</b>	<b>1,5 (0,4-4,2)</b>	<b>5,6 (2,8-9,9)</b>	<b>4,3 (2,0-8,2)</b>
<b>Isquemia crítica EE.II.</b>	<b>3,0 (1,8-4,8)</b>	<b>2,0 (0,6-4,9)</b>	<b>0,5 (0,1-2,7)</b>	<b>6,8 (3,7-12)</b>
<b>Hemorragia grave</b>	<b>1,6 (0,8-2,9)</b>	<b>1,5 (0,4-4,1)</b>	<b>0,5 (0,1-2,7)</b>	<b>2,7 (1,0-5,9)</b>
<b>Muerte</b>	<b>7,2 (5,2-9,6)</b>	<b>7,5 (4,4-12)</b>	<b>3,3 (1,3-6,8)</b>	<b>11 (6,7-16)</b>

Eventos por 100 pacientes-año

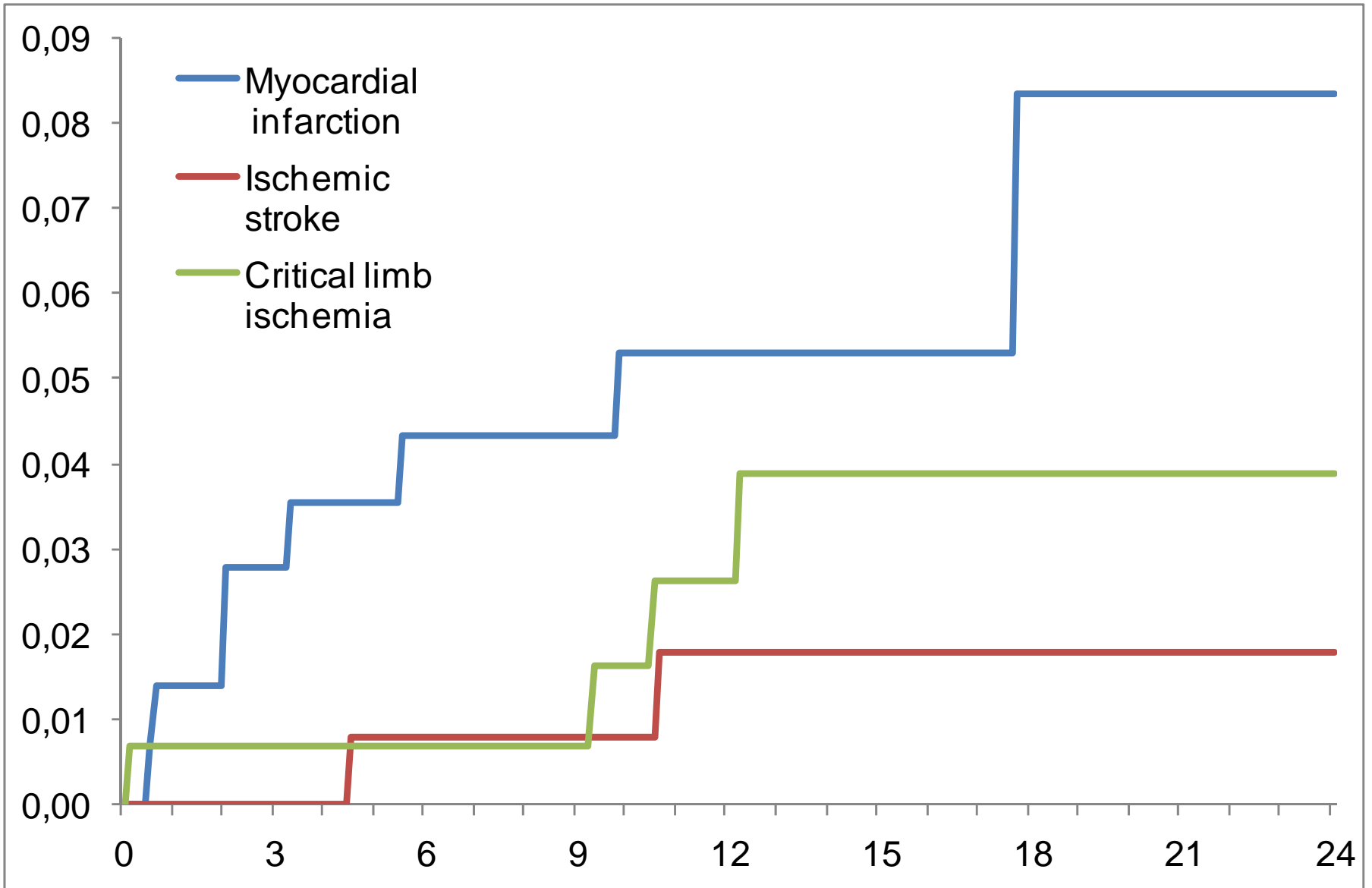


# Seguimiento

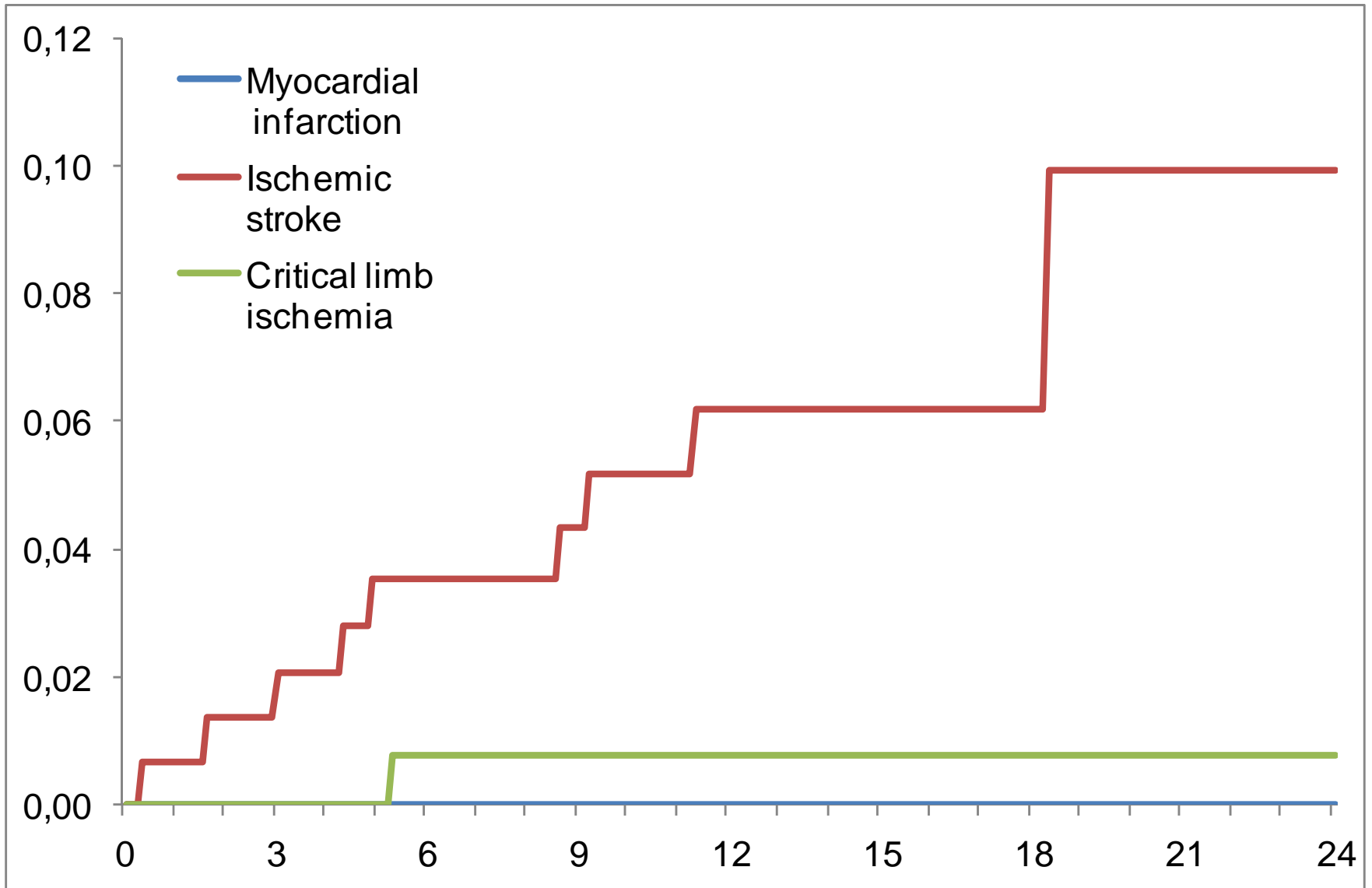
	Fibrilación auricular	Ritmo sinusal	Rate ratio (CI 95%)	p
<b>Todos, N</b>	<b>444</b>	<b>3.166</b>		
<b>Seguimiento (años)</b>	<b>572</b>	<b>4.211</b>		
<b>Infarto de miocardio</b>	<b>3,3 (2,1-5,0)</b>	<b>2,0 (1,6-2,5)</b>	<b>1,5 (0,9-2,5)</b>	<b>0,135</b>
<b>Ictus isquémico</b>	<b>3,4 (2,4-5,6)</b>	<b>1,9 (1,5-2,3)</b>	<b>2,0 (1,2-3,2)</b>	<b>0,009</b>
<b>Isquemia crítica EE.II.</b>	<b>3,0 (1,8-4,8)</b>	<b>2,7 (2,2-3,2)</b>	<b>1,1 (0,7-1,8)</b>	<b>0,615</b>
<b>Hemorragia grave</b>	<b>1,6 (0,8-2,9)</b>	<b>0,4 (0,2-0,6)</b>	<b>4,4 (1,9-10)</b>	<b>0,001</b>
<b>Muerte</b>	<b>7,2 (5,2-9,6)</b>	<b>3,3 (2,8-3,9)</b>	<b>2,1 (1,5-3,0)</b>	<b>&lt;0,001</b>

Eventos por 100 pacientes-año

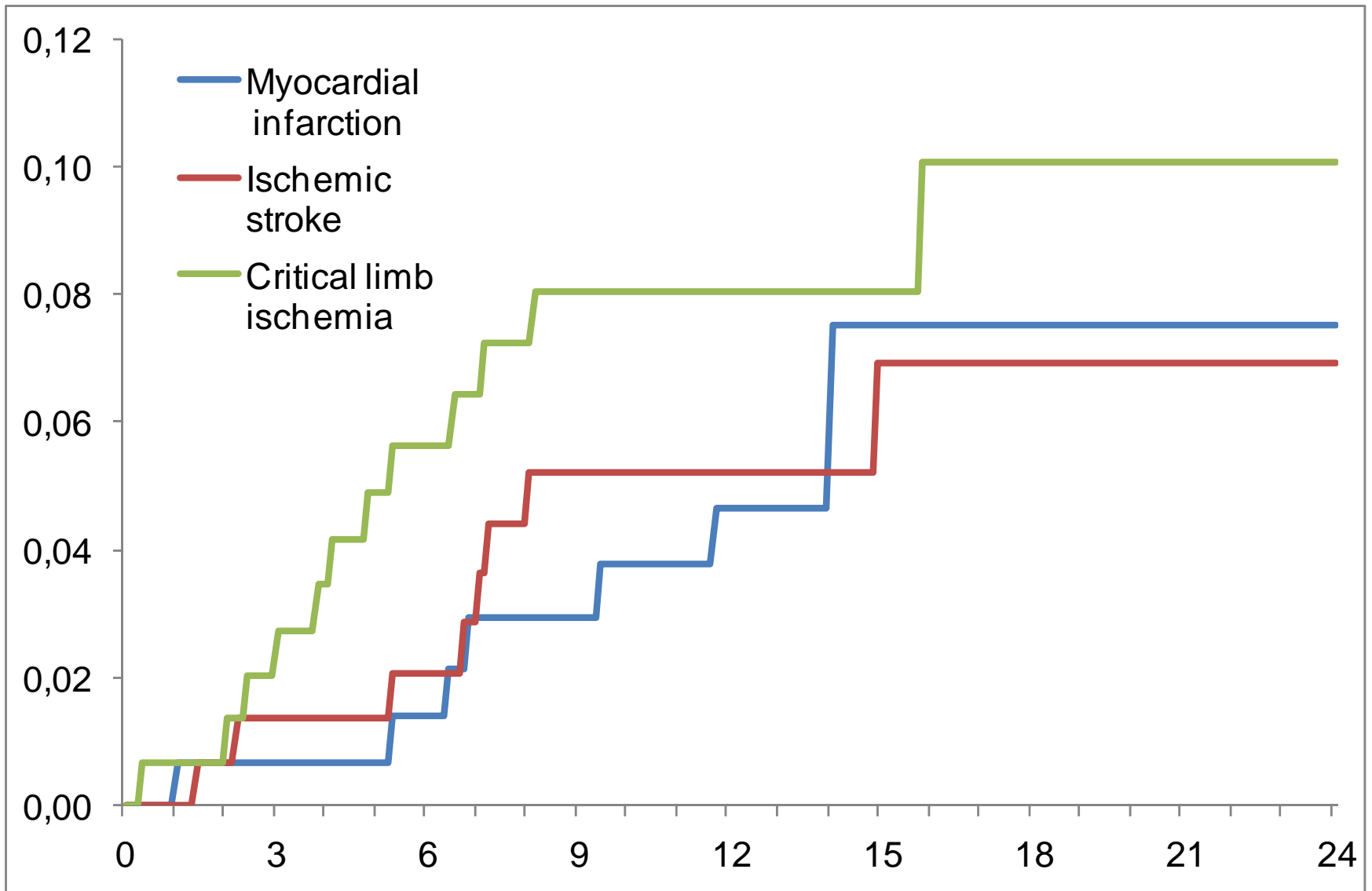
## IAM reciente y FA



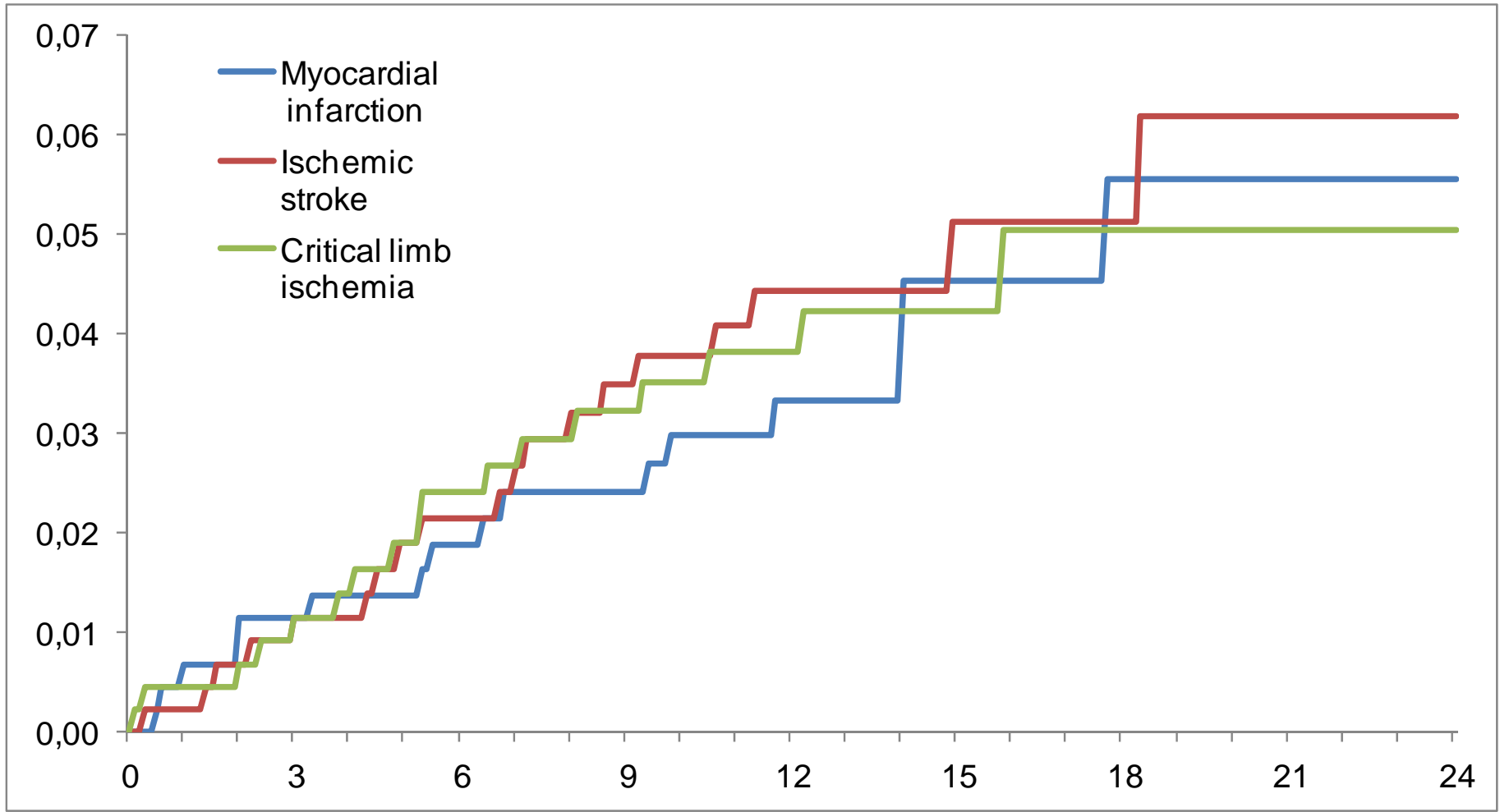
# Ictus isquémico y FA



# Arteriopatía periférica y FA



# Todos los pacientes con FA



# Tratamiento antitrombótico

	Anti-agregación	Anti-coagulación	Ambas
<b>Todos, N</b>	<b>176</b>	<b>200</b>	<b>72</b>
<b>Seguimiento (años)</b>	<b>235,8</b>	<b>255,0</b>	<b>81,5</b>
<b>Infarto de miocardio</b>	<b>3,9 (1,9-7,1)</b>	<b>2,0 (0,7-4,4)</b>	<b>3,7 (0,95-10)</b>
<b>Ictus isquémico</b>	<b>3,8 (1,9-7,0)</b>	<b>4,5 (2,4-7,8)</b>	<b>1,2 (0,1-6,2)</b>
<b>Isquemia crítica EE.II.</b>	<b>3,9 (1,9-7,2)</b>	<b>3,2 (1,5-6,1)</b>	<b>0,6 (0,0-3,6)</b>
<b>Hemorragia grave</b>	<b>1,4 (0,3-3,8)</b>	<b>1,2 (0,3-3,2)</b>	<b>3,6 (0,9-9,9)</b>
<b>Muerte</b>	<b>9,3 (6,0-14)</b>	<b>4,3 (2,3-7,5)</b>	<b>9,8 (4,6-19)</b>

# Causas de muerte

	IAM	AVC	AP
<b><i>Todos, N</i></b>	<b>145</b>	<b>150</b>	<b>140</b>
<b>Muerte por cualquier causa</b>	<b>15</b>	<b>6</b>	<b>20</b>
<b>Infarto de miocardio</b>	<b>2</b>	<b>0</b>	<b>3</b>
<b>Ictus isquémico</b>	<b>0</b>	<b>1</b>	<b>1</b>
<b>Isquemia crítica en EE.II.</b>	<b>0</b>	<b>0</b>	<b>1</b>
<b>Insuficiencia cardíaca</b>	<b>7</b>	<b>2</b>	<b>1</b>
<b>Muerte súbita</b>	<b>1</b>	<b>1</b>	<b>1</b>
<b>Hemorragia</b>	<b>0</b>	<b>1</b>	<b>1</b>
<b>Cáncer</b>	<b>1</b>	<b>0</b>	<b>2</b>
<b>Infección</b>	<b>1</b>	<b>1</b>	<b>2</b>
<b>Desconocida</b>	<b>3</b>	<b>0</b>	<b>6</b>

# **Qué hay de nuevo en fibrilación auricular**

- 1. Nuevos anticoagulantes**
- 2. Nuevos criterios para indicar anticoagulación**
- 3. Más problemas para decidir el mejor tratamiento antitrombótico**