

Prevalence and predictors of atrial fibrillation type among individuals with recent onset of atrial fibrillation

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OBJECTIVE

Atrial fibrillation (AF) is considered to be a progressive disease, starting with intermittent episodes that progress over time to more sustained events. However, little is known about the prevalence of and predictors for AF type among patients with recent-onset AF. We aimed to address these issues among a selected population of patients with AF.

METHODS

The Basel atrial fibrillation cohort (BEAT-AF) study is an ongoing prospective multicentre cohort study among patients with AF. At baseline, we obtained information on the date of AF diagnosis, AF type, comorbidities, medication and lifestyle factors. For this analysis, 486 (31.4%) out of 1550 participants with recent-onset AF (defined as AF duration <24 months) were included. Predictors for AF type (non-paroxysmal vs paroxysmal) were obtained using multivariable adjusted logistic regression models.

RESULTS

Mean age was 67 (59-75) years and 136 (28%) were women. Recent-onset paroxysmal AF was observed in 301 (62%) participants, 185 (38%) had non-paroxysmal AF - persistent AF in 148 (30.4%) and permanent AF in 37 (7.6%). In multivariable models, odds ratios for having non-paroxysmal AF around AF diagnosis were 1.03 per year increasing in age (95% confidence interval [CI] 1.01-1.05, $p = 0.01$); 2.70 (1.5-4.68, $p = 0.0004$) for history of heart failure; 3.82 (1.05-13.87, $p = 0.04$) for a history of hyperthyroidism and 1.04 (1.02-1.05, $p < 0.0001$) per beat increase in heart rate.

CONCLUSION

We found a substantial proportion of AF patients with the non-paroxysmal form shortly after diagnosis. Predictors for non-paroxysmal AF were increasing age, history of heart failure or hyperthyroidism, and a higher heart rate.

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