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Contemporary approach to stroke risk reduction in atrial fibrillation

Brian J. Malm MD Yale University School of Medicine, USA

A trial fibrillation is a very common diagnosis which currently affects nearly 3 million adults in the United States with a projected doubling of the prevalence by the year 2050. The prevalence of atrial fibrillation increases dramatically with age in both men and women with greater than 10% of individuals over the age of 80 years carrying the diagnosis. Morbidity and mortality of patients with atrial fibrillation is largely due to the associated increased risk of thromboembolic complications, especially stroke. Atrial fibrillation is associated with a nearly five-fold increased risk of stroke and is a stronger risk factor than hypertension, coronary disease, or heart failure. The vast majority of strokes in atrial fibrillation to the increased risk, strokes occurring in patients with atrial fibrillation are more debilitating, are more likely to recur, and are associated with worse survival as compared to stroke patients without atrial fibrillation. As will be discussed in this review, managing stroke risk in patients with atrial fibrillation is challenging and requires accurate assessment of stroke risk factors and careful selection of appropriate therapy. The cornerstone of therapy for decades has been, and continues to be, anticoagulation with warfarin being the standard agent until the recent introduction of novel anticoagulants, which will be reviewed in detail. In addition, emerging non-pharmacologic interventions may play an important role in mitigating stroke risk in AF in the future.

Biography

Brian J. Malm, MD received his medical degree from the State University of New York at Buffalo in 2002. He completed internal medicine residency training at New York-Presbyterian Hospital/Weill Cornell Medical Center and cardiology fellowship training at Yale-New Haven Hospital. He is board certified in internal medicine, cardiology, nuclear cardiology, and echocardiography. He is currently an Assistant Professor of Medicine at Yale and Director of Outpatient Cardiology for the VA CT Healthcare System.

brian.malm@yale.edu

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