

The effect of Atrial / Ventricular Fibrillation in patients with Heart Failure : A prospective observations study at a tertiary care center

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Abstract

Introduction: Heart failure (HF), previously called congestive heart failure, is a serious condition most commonly caused by weak pumping of the heart muscle. Arrhythmia is a common finding in heart failure (HF) patients. It has a greater impact on prognosis in those patients, especially atrial fibrillation arrhythmia type.

The most common cardiovascular conditions that are encountered in clinical practice and frequently coexist are Heart failure (HF) and atrial fibrillation (AF). Heart failure can be considered as a measure to predict the development of AF and conversely the presence of AF in an individual can also predict the development of HF at later stage. The prevalence of Heart failure in the society has reached the proportions of a global epidemic with an estimated prevalence of 3-20 cases in a 1000 whereas population raising to above 100 cases per 1000 population in elderly people those aged over 65 years. Also the annual incidence rate of heart failure in middle aged men and women which was 0.1-0.2 % has been rising steadily to 2-3 % in those aged above 85 years. The most common sustained arrhythmia seen in clinical practice recorded is atrial fibrillation. The studies done by Framingham as well as the Rotterdam have estimated around 25% lifetime risk of developing AF. The studies show that only in the United States the prevalence of AF is estimated between 2.7 to 6.1 million, which is expected to rise to between 5.6 and 12 million. The prevalence in the Anticoagulation and Risk Factors in Atrial Fibrillation (ATRIA) according to a study predicted that it will rise 2.5 times by 2050. The incidence is expected to rise steeply with the age, rising to an estimated of value 17.4% surge in those above 85 years of age. Similar to Heart Failure, AF also carries an enormous burden of morbidity, mortality and healthcare costs.

Objective: The study aimed to evaluate the effect of arrhythmia on the mortality & morbidity among heart failure patients.

Methods: Were conducted to analyses The effect of atrial / Ventricular Fibrillation on patients with Heart Failure: A prospective observational study at a tertiary care center, study data was collected from period of November to January 2018. This study divided to two groups, 1st group patients



diagnosed with heart failure & 2nd group controlled group (HF + arrhythmia) .

Results: A total 200 participants, most of the respondents were males 153 (76.5), more participants were have 2 risk factors & highest one is HTN (Hypertensive) 149(74.5%), interventionist procedure used among our patients were PCI for both patients have one or more interventions 99(49.3%) ,most of patients with ICD(Implantable Cardioverter Defibrillator) 90(44.8%), most type of arrhythmia atrial fibrillation 71 (35.5), a majority of NYHA class(New York Heart Association) is class I 137 (68.16), the most symptom palpitation 176(87.56%) , ejection fraction in were patients 30% with total 52(25.87%) & highest medication used is beta-blocker 185(92.04%).



Conclusions: Arrhythmias one of most factors cause of heart failure disease. AF(atrial fibrillation) is the most common arrhythmia in HF, AF prevalence and its associated complications have been well studied in established HF. Clinical management of HF needs to take into account the high risk of arrhythmias among these patients. Also to be noted that HF and AF frequently co-exist and the presence of Atrial Fibrillation in patients with HF has been reported to be independently associated with an increase in mortality in many studies and the studies show that this increased risk is observed in patients with both preserved and impaired LV systolic function. Despite the fact that many studies have shown that the presence of AF in HF patients is associated with an adverse prognosis, most studies that have targeted AF in patients with HF with a view to maintaining SR have shown no noteworthy improvements in outcomes compared to those patients in which a rate control strategy has been adopted.

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