Atrial Fibrillation—A descriptive, retrospective, case-based study.

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Introduction The prevalence of atrial fibrillation is on the rise due the paradigm shift in the ageing population. According to the Framingham Heart study the prevalence of AF increased 3 folds in the last 50 years. Common risk factors for atrial fibrillation include obesity, diabetes, smoking, cardiovascular disease, medication, hypertension, alcohol, physical inactive, thyroid disease, and chronic kidney disease.

Objectives To study the demographic data, and the common risk factors for atrial fibrillation and to assess the maintenance of optimal anticoagulation.

Methodology This is a descriptive, retrospective case-based study carried out at the anticoagulation clinic at Teaching Hospital Jaffna for a period of 1 month (May 2020). All were anticoagulated with warfarin. Variables included age, gender, and common risk factors (diabetes mellitus, hypertension, cardiovascular diseases, thyroid disease, chronic kidney disease, smoking and alcohol) and optimal INR compliance in our population.

Results Of the 136 patients with atrial fibrillation mean age was 54.21(+/-11.91) years with a range of 22 to 79; 95(69.9%) were females; 118(86.8%) had valvular heart disease; 18(13.2%) had diabetes mellitus; 25(18.4%) had hypertension; 103 had cardiovascular risk factors and 33(24.3%) did not have any risk factors. Of the 103 with cardiovascular risk factors 80(66.2%) had </= 2 risk factors; 8(5.9%) had thyroid disease; and 4(2.9%) had chronic kidney disease. Females denied smoking and alcohol and of the 41 males 75.6% consumed alcohol, and 63.4% consumed tobacco-based products. 96 (70.6%) of the 136 had unstable INR.

Conclusion Labile INR in 70.6% should be addressed with more detailed assessment on the reasons and preventable measures to be implemented and also the considering increasing the availability of Novel Oral Anticoagulants. Valvular heart disease was the commonest cause of atrial fibrillation followed by hypertension and diabetes mellitus.