

# Atriumfibrillatie

## ATRIUMFIBRILLATIE

### Mechanismen

- Chaotische atriale activiteit (350 - 600/min)
- geen goede atriale contracties
- reactie van de ventrikel : AV nodulus remt de doorgang van de impulsen af tot 160-200/min
- gevolgen

- verminderd slagvolume en cardiac output
- spontane reconversie: bij eerste keer vaak spontane reconversie binnen 24u.
- Bij 30% herneemt het sinusritme zonder medicatie.
- complicaties:

- mortaliteit verdubbelt

- CVA: bij 35% van casi. Embolen worden vaak afgeschoten bij reconversie.

Hersenbloedingen worden gezien bij anticoagulatie

- syncope

- angor

- darmischaemie

- bij therapie: digitalisintoxicatie

## **Risicofactoren om atriumfibrillatie te ontwikkelen**

- idiopathisch
- cardiaal
  - coronair vaatlijden
  - hypertensie
  - mitraliskleplijden
  - chronische pericarditis
  - Wolff-Parkinson-White syndroom (WPW)
- Longen
  - longembolen
  - chronisch longlijden
- Hypothyroidie
- Ethylisme

## **2. Kliniek**

- Altijd
  - onregelmatige pols
  - auscultatie: onregelmatige hartslag, S1 variabele intensiteit
  - Monitoring: onregelmatig; af en toe geen QRS-complex
- Stabiele patiënt
  - palpitaties
  - dyspnee
  - zwakte
  - ijl hoofd
  - syncope
- Instabiele patiënt
  - hypotensie
  - persistente angor
  - longoedeem

- BWZ-daling

### **3. Diagnostiek**

- ECG: geen duidelijke P-toppen
- Labo: CBC, Elektrolyten, hartenzymen, schildklierfunctie
- Pulse oxymetrie
- echocardio: is er atriale uitzetting? (als oorzaak)  
is er een atriale thrombus (onmiddellijke anticoagulatie)

### **4. DD**

- atriale flutter met wisselende AV-blok
- Multifocale atriale tachycardie
- sinusritme met frequente premature atriale contracties
- atriale tachycardie

### **Eerste opvang**

- is de patient stabiel?
  - indien ja: gewoon transport naar het ziekenhuis
  - indien nee: onmiddellijke reconversie en ALS
- zuurstof
- IV-lijn
- monitoring

### **Spoeddienst**



















































































































































































































































































































































































































































































































## Smal complex Tachycardie

- Wanneer moet therapie gestart worden? vraag: is de patient stabiel?
  - Indien neen: reconversie
  - indien ja:
    - HR > 100/min: geen therapie
    - HR 100 - 120/min: indien stabiel geen therapie. Indien niet stabiel wel therapie
    - HR > 120/min: therapie
- Welke therapie?

### - Cardioversie:

- indicaties:
  - ofwel onstabiele patient
  - ofwel stabiele patient zonder mitraliskleplijden, zonder linkerventrikeldysfunctie en zonder CVA in de voorgeschiedenis én met atriumfibrillatie < 48 uur aanwezig (geen heparinisatie nodig) of > 48 uur aanwezig maar geen thrombus zichtbaar op echocardio. In dit geval wel eerst hepariniseren ( 80 I/kg LG in bolus en nadien continu infuus aan 18IU/kg/u)
- manier van handelen
- sedatie
- cardioversie synchroon. Begin met 100J

### - Beta-blokkers

Breed complex Tachycardie

- Is de patient stabiel?

- indien neen:

- cardioversie

- ALS

- indien ja:

- Procainamide

- vermijd calciumantagonisten, betablokkers en digoxine

- indien risico op WPW-syndroom:

- geen calcium-antagonisten (Verapamil)

- Bretylium

- Adenosine: best alleen voor supraventriculaire. Eerst 6 mg snel IV. Zo nodig herhalen na 2 minuten (12 mg)

#### REFERENTIES:

- Pritchett EL. Management of atrial fibrillation. N Engl J Med 1992; 326:1264.
- Atrial fibrillation: current understandings and research imperatives. The National Heart, Lung, and Blood Institute Working Group on Atrial Fibrillation. J Am Coll Cardiol 1993; 22:1830.
- Lip GY, Metcalfe MJ, Rae AP. Management of paroxysmal atrial fibrillation. Q J Med 1993; 86:467.
- Disch DL, Greenberg ML, Holzberger PT, et al. Managing chronic atrial fibrillation: a Markov decision analysis comparing warfarin, quinidine, and low-dose amiodarone. Ann Intern Med 1994; 120:449.
- Go AS, Hylek EM, Phillips KA, et al. Prevalence of diagnosed atrial fibrillation in adults: national implications for rhythm management and stroke prevention: the AnTicoagulation and Risk Factors in Atrial Fibrillation (ATRIA) Study. JAMA 2001; 285:2370.
- Wann LS, Curtis AB, January CT, et al. 2011 ACCF/AHA/HRS focused update on the management

of patients with atrial fibrillation (Updating the 2006 Guideline): a report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines. *J Am Coll Cardiol* 2011; 57:223.

- European Heart Rhythm Association (EHRA), European Cardiac Arrhythmia Society (ECAS), American College of Cardiology (ACC), et al. HRS/EHRA/ECAS expert Consensus Statement on catheter and surgical ablation of atrial fibrillation: recommendations for personnel, policy, procedures and follow-up. A report of the Heart Rhythm Society (HRS) Task Force on catheter and surgical ablation of atrial fibrillation. *Heart Rhythm* 2007; 4:816.
- Fuster V, Rydén LE, Cannom DS, et al. ACC/AHA/ESC 2006 Guidelines for the Management of Patients with Atrial Fibrillation: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines and the European Society of Cardiology Committee for Practice Guidelines (Writing Committee to Revise the 2001 Guidelines for the Management of Patients With Atrial Fibrillation): developed in collaboration with the European Heart Rhythm Association and the Heart Rhythm Society. *Circulation* 2006; 114:e257.
- American College of Cardiology Foundation, American Heart Association, European Society of Cardiology, et al. Management of patients with atrial fibrillation (compilation of 2006 ACCF/AHA/ESC and 2011 ACCF/AHA/HRS recommendations): a report of the American College of Cardiology/American Heart Association Task Force on practice guidelines. *Circulation* 2013; 127:1916.
- January CT, Wann LS, Alpert JS, et al. 2014 AHA/ACC/HRS Guideline for the Management of Patients With Atrial Fibrillation: A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines and the Heart Rhythm Society. *Circulation* 2014; 130:e199.
- January CT, Wann LS, Alpert JS, et al. 2014 AHA/ACC/HRS Guideline for the Management of Patients With Atrial Fibrillation: Executive Summary: A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines and the Heart Rhythm Society. *Circulation* 2014; 130:2071.
- Wyse DG, Van Gelder IC, Ellinor PT, et al. Lone atrial fibrillation: does it exist? *J Am Coll Cardiol* 2014; 63:1715.
- Kopecky SL, Gersh BJ, McGoon MD, et al. The natural history of lone atrial fibrillation. A population-based study over three decades. *N Engl J Med* 1987; 317:669.
- Brand FN, Abbott RD, Kannel WB, Wolf PA. Characteristics and prognosis of lone atrial fibrillation. 30-year follow-up in the Framingham Study. *JAMA* 1985; 254:3449.
- Kannel WB, Abbott RD, Savage DD, McNamara PM. Epidemiologic features of chronic atrial fibrillation: the Framingham study. *N Engl J Med* 1982; 306:1018.
- Lévy S, Maarek M, Coumel P, et al. Characterization of different subsets of atrial fibrillation in general practice in France: the ALFA study. The College of French Cardiologists. *Circulation* 1999; 99:3028.
- Takahashi N, Seki A, Imataka K, Fujii J. Clinical features of paroxysmal atrial fibrillation. An observation of 94 patients. *Jpn Heart J* 1981; 22:143.
- Clementy J, Dulhoste MN, Laiter C, et al. Flecainide acetate in the prevention of paroxysmal atrial fibrillation: a nine-month follow-up of more than 500 patients. *Am J Cardiol* 1992; 70:44A.
- EVANS W, SWANN P. Lone auricular fibrillation. *Br Heart J* 1954; 16:189.
- LAMB LE, POLLARD LW. ATRIAL FIBRILLATION IN FLYING PERSONNEL. *Circulation* 1964; 29:694.
- Peter RH, Gracey JG, Beach TB. A clinical profile of idiopathic atrial fibrillation. A functional disorder of atrial rhythm. *Ann Intern Med* 1968; 68:1288.
- Rostagno C, Bacci F, Martelli M, et al. Clinical course of lone atrial fibrillation since first symptomatic arrhythmic episode. *Am J Cardiol* 1995; 76:837.
- Kozłowski D, Budrejko S, Lip GY, et al. Lone atrial fibrillation: what do we know? *Heart* 2010; 96:498.
- Patton KK, Zacks ES, Chang JY, et al. Clinical subtypes of lone atrial fibrillation. *Pacing Clin Electrophysiol* 2005; 28:630.

- Ellinor PT, Yoerger DM, Ruskin JN, MacRae CA. Familial aggregation in lone atrial fibrillation. *Hum Genet* 2005; 118:179.
- Oyen N, Ranthe MF, Carstensen L, et al. Familial aggregation of lone atrial fibrillation in young persons. *J Am Coll Cardiol* 2012; 60:917.
- Israel CW, Grönefeld G, Ehrlich JR, et al. Long-term risk of recurrent atrial fibrillation as documented by an implantable monitoring device: implications for optimal patient care. *J Am Coll Cardiol* 2004; 43:47.
- Page RL, Wilkinson WE, Clair WK, et al. Asymptomatic arrhythmias in patients with symptomatic paroxysmal atrial fibrillation and paroxysmal supraventricular tachycardia. *Circulation* 1994; 89:224.
- Estruch R, Ros E, Salas-Salvadó J, et al. Primary prevention of cardiovascular disease with a Mediterranean diet. *N Engl J Med* 2013; 368:1279.
- Martínez-González MÁ, Toledo E, Arós F, et al. Extravirgin olive oil consumption reduces risk of atrial fibrillation: the PREDIMED (Prevención con Dieta Mediterránea) trial. *Circulation* 2014; 130:18.
- Krahn AD, Klein GJ, Kerr CR, et al. How useful is thyroid function testing in patients with recent-onset atrial fibrillation? The Canadian Registry of Atrial Fibrillation Investigators. *Arch Intern Med* 1996; 156:2221.
- European Heart Rhythm Association, European Association for Cardio-Thoracic Surgery, Camm AJ, et al. Guidelines for the management of atrial fibrillation: the Task Force for the Management of Atrial Fibrillation of the European Society of Cardiology (ESC). *Eur Heart J* 2010; 31:2369.
- Kalantarian S, Ay H, Gollub RL, et al. Association between atrial fibrillation and silent cerebral infarctions: a systematic review and meta-analysis. *Ann Intern Med* 2014; 161:650.
- Gaita F, Corsinovi L, Anselmino M, et al. Prevalence of silent cerebral ischemia in paroxysmal and persistent atrial fibrillation and correlation with cognitive function. *J Am Coll Cardiol* 2013; 62:1990.
- Mooney S, Hassanein TI, Hilsabeck RC, et al. Utility of the Repeatable Battery for the Assessment of Neuropsychological Status (RBANS) in patients with end-stage liver disease awaiting liver transplant. *Arch Clin Neuropsychol* 2007; 22:175.
- Leong DP, Eikelboom JW, Healey JS, Connolly SJ. Atrial fibrillation is associated with increased mortality: causation or association? *Eur Heart J* 2013; 34:1027.
- Corley SD, Epstein AE, DiMarco JP, et al. Relationships between sinus rhythm, treatment, and survival in the Atrial Fibrillation Follow-Up Investigation of Rhythm Management (AFFIRM) Study. *Circulation* 2004; 109:1509.
- Pedersen OD, Bagger H, Keller N, et al. Efficacy of dofetilide in the treatment of atrial fibrillation-flutter in patients with reduced left ventricular function: a Danish investigations of arrhythmia and mortality on dofetilide (diamond) substudy. *Circulation* 2001; 104:292.
- Andersson T, Magnuson A, Bryngelsson IL, et al. All-cause mortality in 272,186 patients hospitalized with incident atrial fibrillation 1995-2008: a Swedish nationwide long-term case-control study. *Eur Heart J* 2013; 34:1061.
- Benjamin EJ, Wolf PA, D'Agostino RB, et al. Impact of atrial fibrillation on the risk of death: the Framingham Heart Study. *Circulation* 1998; 98:946.
- Stewart S, Hart CL, Hole DJ, McMurray JJ. A population-based study of the long-term risks associated with atrial fibrillation: 20-year follow-up of the Renfrew/Paisley study. *Am J Med* 2002; 113:359.
- Conen D, Chae CU, Glynn RJ, et al. Risk of death and cardiovascular events in initially healthy women with new-onset atrial fibrillation. *JAMA* 2011; 305:2080.
- Crenshaw BS, Ward SR, Granger CB, et al. Atrial fibrillation in the setting of acute myocardial infarction: the GUSTO-I experience. Global Utilization of Streptokinase and TPA for Occluded Coronary Arteries. *J Am Coll Cardiol* 1997; 30:406.
- Eldar M, Canetti M, Rotstein Z, et al. Significance of paroxysmal atrial fibrillation complicating acute myocardial infarction in the thrombolytic era. SPRINT and Thrombolytic Survey Groups. *Circulation* 1998; 97:965.
- Goldberg RJ, Seeley D, Becker RC, et al. Impact of atrial fibrillation on the in-hospital and long-term survival of patients with acute myocardial infarction: a community-wide perspective. *Am Heart J*

1990; 119:996.

- Chen LY, Sotoodehnia N, Bžková P, et al. Atrial fibrillation and the risk of sudden cardiac death: the atherosclerosis risk in communities study and cardiovascular health study. *JAMA Intern Med* 2013; 173:29.
- Marijon E, Le Heuzey JY, Connolly S, et al. Causes of death and influencing factors in patients with atrial fibrillation: a competing-risk analysis from the randomized evaluation of long-term anticoagulant therapy study. *Circulation* 2013; 128:2192.
- Vermond RA, Crijns HJ, Tijssen JG, et al. Symptom severity is associated with cardiovascular outcome in patients with permanent atrial fibrillation in the RACE II study. *Europace* 2014; 16:1417.
- Lip GY, Lane D, Van Walraven C, Hart RG. Additive role of plasma von Willebrand factor levels to clinical factors for risk stratification of patients with atrial fibrillation. *Stroke* 2006; 37:2294.
- Lip GY, Patel JV, Hughes E, Hart RG. High-sensitivity C-reactive protein and soluble CD40 ligand as indices of inflammation and platelet activation in 880 patients with nonvalvular atrial fibrillation: relationship to stroke risk factors, stroke risk stratification schema, and prognosis. *Stroke* 2007; 38:1229.
- Roldán V, Marín F, Muiña B, et al. Plasma von Willebrand factor levels are an independent risk factor for adverse events including mortality and major bleeding in anticoagulated atrial fibrillation patients. *J Am Coll Cardiol* 2011; 57:2496.
- Vílchez JA, Roldán V, Manzano-Fernández S, et al. ?-Trace protein and prognosis in patients with atrial fibrillation receiving anticoagulation treatment. *Chest* 2013; 144:1564.
- Schmitt J, Duray G, Gersh BJ, Hohnloser SH. Atrial fibrillation in acute myocardial infarction: a systematic review of the incidence, clinical features and prognostic implications. *Eur Heart J* 2009; 30:1038.
- Garg RK, Jolly N. Acute myocardial infarction secondary to thromboembolism in a patient with atrial fibrillation. *Int J Cardiol* 2007; 123:e18.
- Soliman EZ, Safford MM, Muntner P, et al. Atrial fibrillation and the risk of myocardial infarction. *JAMA Intern Med* 2014; 174:107.
- Fitzmaurice DA, Hobbs FD, Jowett S, et al. Screening versus routine practice in detection of atrial fibrillation in patients aged 65 or over: cluster randomised controlled trial. *BMJ* 2007; 335:383.
- Moran PS, Flattery MJ, Teljeur C, et al. Effectiveness of systematic screening for the detection of atrial fibrillation. *Cochrane Database Syst Rev* 2013; 4:CD009586.

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