



PREVALENCE, CLINICAL PROFILE AND THERAPEUTIC MANAGEMENT OF ATRIAL FIBRILLATION IN PATIENTS ON HEMODIALYSIS IN ANDALUSIA

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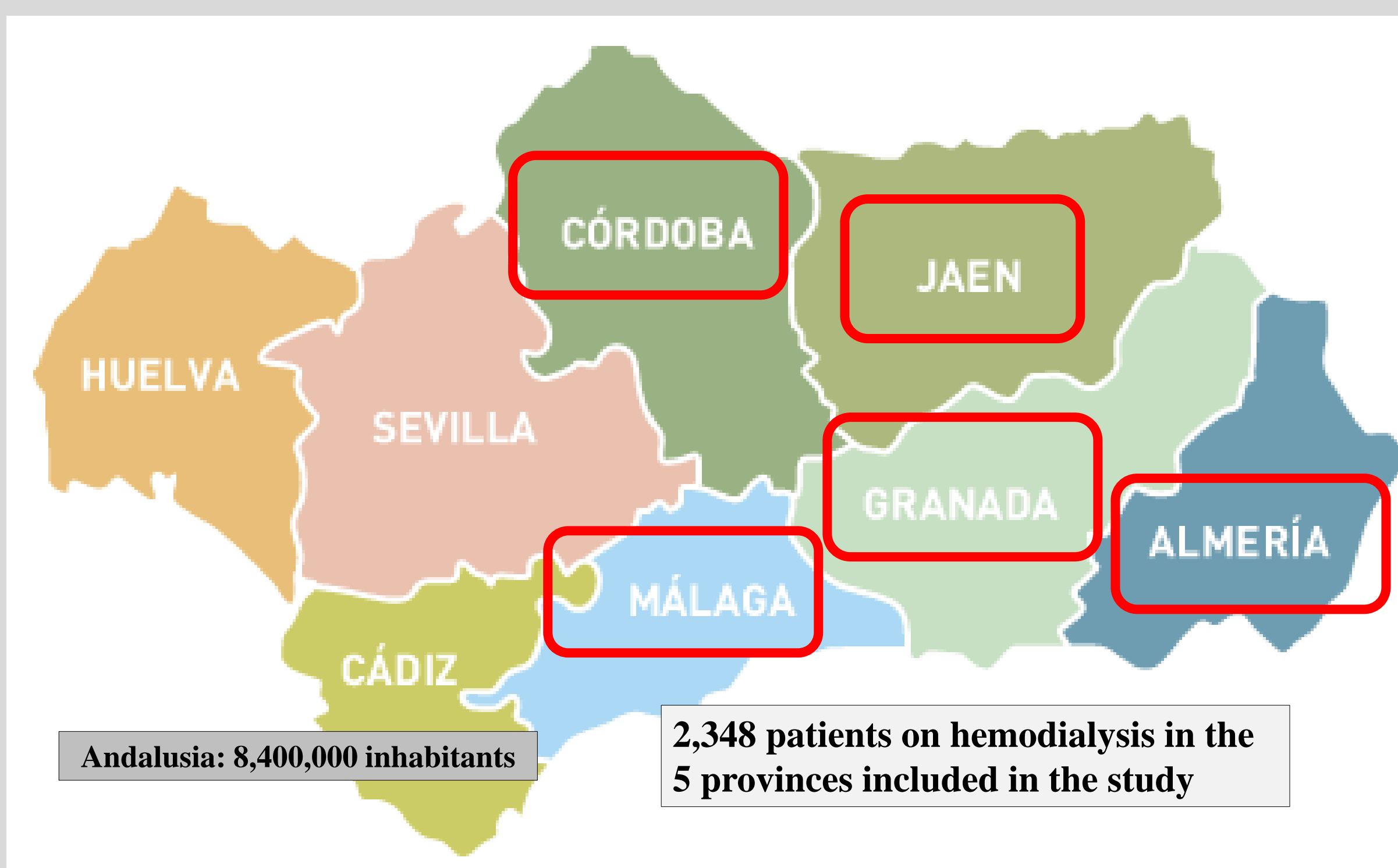
Introduction

Atrial fibrillation (AF) represents an important social and health-care problem. There are a wide variability in the reported prevalence of atrial fibrillation ranging from 4.5 and 27%.

Objective

The objective of this study was to investigate the prevalence, clinical profile and therapeutic management of patients on hemodialysis in Andalusia

Methods



We asked attending nephrologist of all center treated with HD in hospitals and out of hospitals of 5 of the 8 provinces of Andalusia to record an EKG and to fill a questionnaire in patients selected by a simple random sampling, calculated taken into account the reported prevalence in the literature.

Variables

EKG

Demographic conditions. Previous diagnostics: Atrial Fibrillation, Diabetes, Coronary artery disease, Ischaemic stroke, Ischaemic Arteriopathy

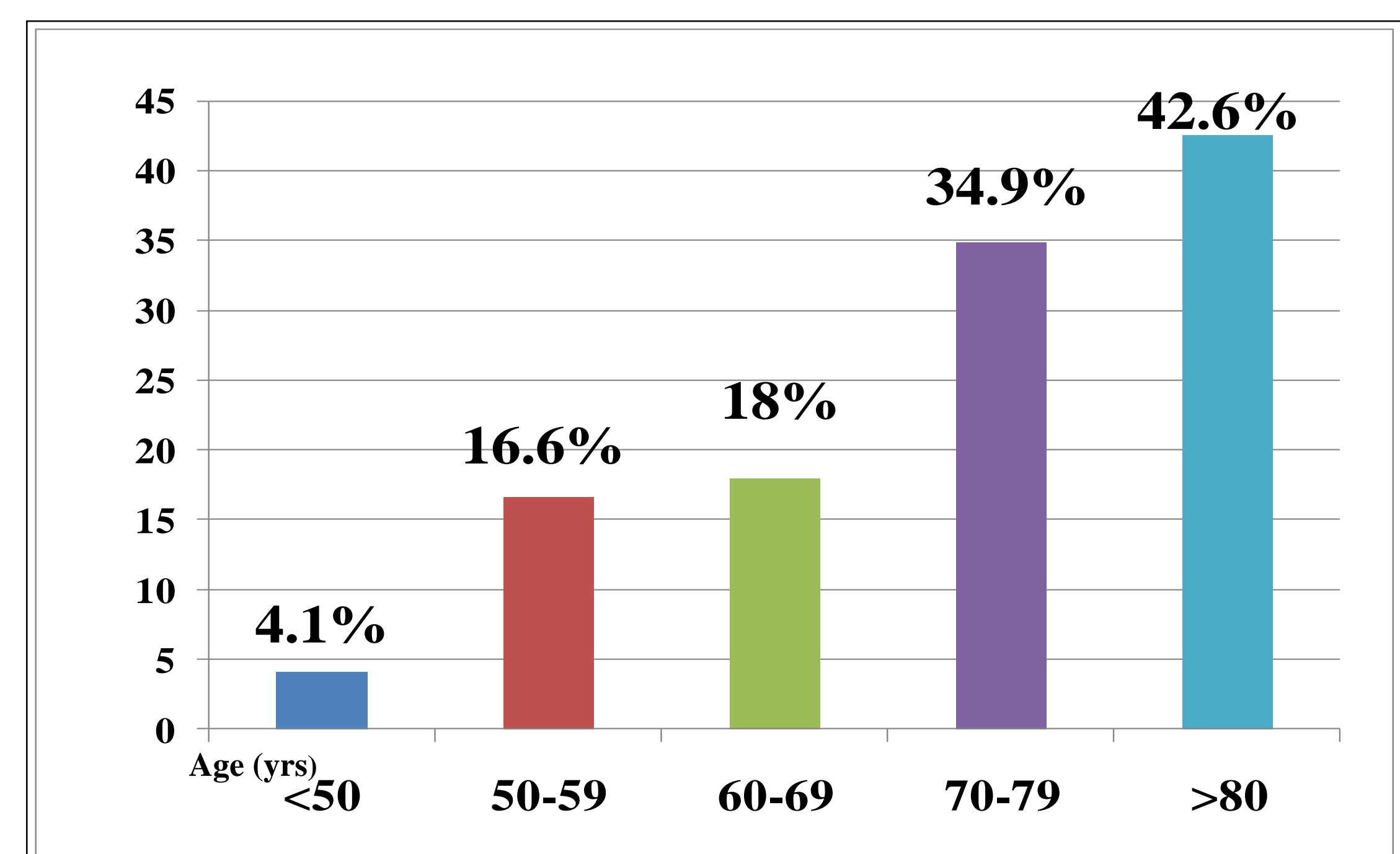
Vascular access, hemodialysis treatment, dialysate composition, medication related with hemodialysis

Results

The sample size estimated was 285; we got EKG and information of 252 patients (88.4%). Age 65.3 ± 16 yrs; 40.9% women

Prevalence of Atrial Fibrillation: 25% of patients 63 of 252

Hemodialysis N=252	
Hemodialysis in Hospital	43.7 %
Hemodiafiltration	45 (17.8%)
Three times weekly hemodialysis	233 (94.3%)
Tunnelled dialysis catheter	68 (27%)
Low molecular weight heparin during dialysis	160 (66.1%)
Dialysate: Sodium ≥ 140 mEq/l	176 (69.8%)
Dialysate: Potassium ≥ 2 mEq/l	146 (57.9%)
Dialysate: Calcium ≥ 3 mEq/l	198 (78.5%)
Dialysate: CO ₃ H · < 35 mEq/l	149 (59.1%)
Erythropoiesis Stimulants	205 (81.3%)



Patients with and without AF			
	With AF n = 63	Without AF n = 189	p
Age (yr.)	73.3 ± 11,2	62,6 ± 17	0.000
Men n (%)	39 (61.9)	110 (58.2)	0.6
Time in dialysis (months)	82.9 ± 84.6	63.1 ± 69.7	0.067
Dialysis in hospital n (%)	26 (41.3)	84 (44.4)	0.6
Previous renal transplant n (%)	10 (15.9)	38 (20.1)	0.1
Diabetes n (%)	23 (36.5)	73 (38.6)	0.7
Abnormal Q wave n (%)	18 (29)	19 (10.3)	0.001
QTc interval (ms)	449 ± 50	436 ± 30	0.012
Short interdialytic interval weight gain (gr)	1,888 ± 874	2,133 ± 980	0.06
Treatment with LMWH* n (%)	28 (47.5)	54 (29.5)	0.011

*LMWH: Low molecular weight heparin

Multivariate Analyse

Dependent variable: Atrial Fibrillation

	Odds ratio	95 CI %	p
Age	1.063	1.035-1.091	0.000
Time in dialysis	1.006	1.002-1.010	0.004
Abnormal Q wave on EKG	2.471	1.189-5.133	0,015

Conclusions

1) AF in hemodialysis units is a very important finding, 2) To establish the relationship of anticoagulant treatment constitutes a real challenge, 3) Well-designed clinical trials are pivotal in order to define the rational use of antithrombotic drugs

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