



POSTER

Real world importance of 24-hours Holter in silent atrial fibrillation research

Inês Almeida¹, Joana Chin¹, Dinis Mesquita¹, and João Tavares¹

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Abstract

Background: The presence of atrial fibrillation or flutter (AF / AFL) is a well established cause of ischemic stroke, and its diagnosis is essential for the initiation of anticoagulation in patients with indication. Its diagnosis in the context of etiological investigation of stroke is usually based on 24-hour Holter (H24). Objectives: Evaluation of the execution and characterization of H24 results performed for silent AF / FLA screening in the context of ischemic stroke.

Methods: Retrospective analysis of patients hospitalized during the year 2016 with the diagnosis of ischemic stroke who underwent transthoracic echocardiography and H24.

Results: 232 patients were evaluated, mean age 69.6 ± 11.9 years, 53.4% male. The most frequent co-morbidities were arterial hypertension (78%), dyslipidaemia (44.4%) and diabetes (34.5%). 7.9% of the patients had previous diagnosis of AF / AFL, of which 83.3% were under anticoagulant therapy. 44.4% of all patients underwent H24 during the etiolog-

ical investigation of ischemic stroke, of which 59.2% were male, mean age 70.8 ± 10.9 years. In 86.4% of the exams no arrhythmia was detected, namely FA / FLA. Among the H24 that revealed arrhythmias: in 64.3% AF was detected throughout the H24 record, 14.3% paroxysmal AF, 14.3% atrial flutter throughout the registry and in 7.1% AF periods alternating with ventricular pacing rhythm. Of the patients with H24 showing dysrhythmia, in 10.7% of cases it was previously known, of which 72.7% were under anticoagulation at the time of stroke.

Conclusions: The screening of FA / FLA through H24 is of fundamental importance considering the therapeutic implications that it entails. Regardless of the arrhythmia identified (AF versus FLA) and verified daily load, anticoagulation is indicated, which in this context is the only therapy that demonstrates morbimortality reduction. We emphasize a significant number of patients not anticoagulated, despite having indication.

¹Cardiology Department - Centro Hospitalar Barreiro-Montijo

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