

Management of Atrial Arrhythmia Detected in Heart Failure Patients with Cardiovascular Implantable Electronic Devices (HF-CIED)

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Atrial arrhythmias are the most common heart rhythm disorders and global prevalence is rising. Since atrial fibrillation and flutter are major predictors for increased risk of stroke, there are significant public health implications of this increase in atrial fibrillation burden. For the clinician, it is important to decide when anticoagulation therapy should be initiated in order to minimize the risk of cardio-embolic stroke, especially in heart failure patients who may have additional risk predictors of stroke. In a sizeable proportion of patients, atrial fibrillation is silent or asymptomatic, and often detected by a cardiovascular implantable electronic device (CIED) such as a pacemaker or defibrillator. There are several published research studies that have associated increased total duration or burden of atrial fibrillation detected by a CIED, with increased risk of stroke. However, at the present time there is a lack of published randomized clinical trials that can guide management of heart failure patients with silent atrial fibrillation that was detected by a CIED. A substantial proportion of patients with cryptogenic stroke (stroke without identifiable cause) are found to have atrial fibrillation with long-term ambulatory cardiac monitoring. In my talk I will provide clinicians with a systematic step-wise approach for management of these patients. This includes interrogation of the CIED by an expert to confirm the correct diagnosis of atrial arrhythmia, and a comprehensive assessment of stroke risk factors based on which the decision for oral anticoagulation would be made. Atrial fibrillation recorded by a CIED is no different from that recorded by a 12-lead electrocardiogram. As clinicians we need to be cautious about under-treatment of heart failure patients with silent atrial arrhythmias detected by the CIED.