Progression Charted for Persistent, Permanant Atrial Fibrillation

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VIENNA — About half of the patients who have a first episode of atrial fibrillation will not have a second episode, according to data from a 5-year follow-up of 106 patients. After a patient has a second episode of atrial fibrillation, about 40% will eventually develop persistent AF, and among patients with new-onset AF, about two-thirds progress to permanent AF, Dr. Andrea Radinovic said at the annual meeting of the European Society of Cardiology. These findings came from first prospective study to assess progression rates in patients with AF, he said.

Of the 106 patients San Raffaele who fulfilled the criteria for having a true first episode, 56 patients (53%) had at least one additional AF episode during the next 5 years, while 47% patients never had a second occurrence. Of the 56 patients who had at least two episodes, 24 (43%) progressed to recurrent AF, and in these 24 patients 16 (67%) went on to develop permanent AF. The median time to diagnosis of persistent AF was 26.5 months after the first episode, and in the diagnoses of persistent AF was 10 months after the diagnosis of persistent AF.

The analysis identified three clinical factors that were linked with progression of a single episode to recurrent AF: age, a left atrial diameter of more than 40 mm, and valvular heart disease. Three factors were linked with development of persistent AF: age, heart failure, diabetes, and persistent AF.

All patients who developed persistent AF had an age of 62 years. Heart failure boosted the risk of developing permanent AF more than 4-fold, diabetes raised the risk by about 8-fold, and patients with persistent AF were about 20-fold more likely to develop permanent AF than were other patients, Dr. Radinovic, a cardiologist at San Raffaele University Hospital, Milan, said. A small percentage of patients remained asymptomatic as their AF progressed. Of the 56 patients who developed recurrent AF, 16% (9) were asymptomatic, as were about 17% of patients who developed persistent AF, and about 19% of those who developed permanent AF. During follow-up, the patients who had progression of AF had eight cerebrovascular events and six major cardiac events, including three deaths.

All patients in the series were managed according to existing guidelines, which included no treatment following the initial episode, Dr. Radinovic said. When progression occurred after a second episode, it was despite treatment.

“Abolition of persistent AF can stop progression. Ablation of permanent AF requires more extensive lesions and more redo,” compared with abolition of persistent AF. Plus, “ablation of persistent AF has a higher success rate than does ablation of permanent AF,” he said.