



6^{ème} édition

SAMEDI, 2 DECEMBRE 2023
SALONS VARENNE, NOISY-LE-GRAND



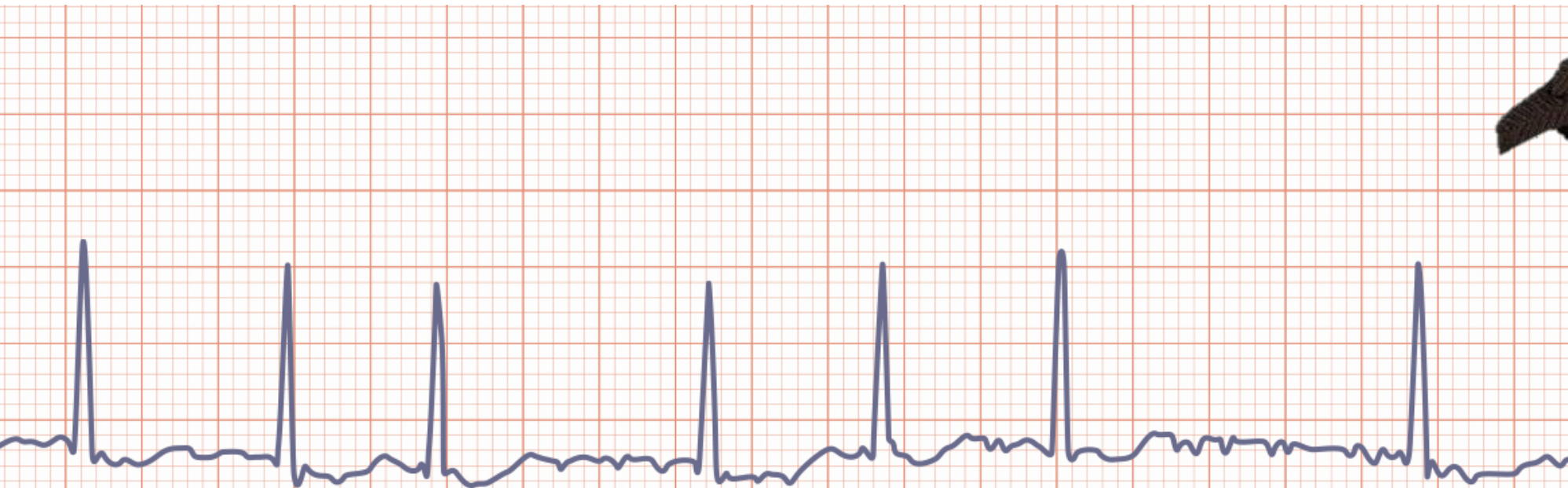
FA du sujet âgé

Dr V. Ouazana (Mondor)

FA du sujet âgé

Victoria Ouazana

2/12/2023



CARDIOCONNECT

DE LA VILLE À L'HÔPITAL

INSUFFISANCE CARDIAQUE

VALVE AORTIQUE

VALVE MITRALE

FIBRILLATION ATRIALE

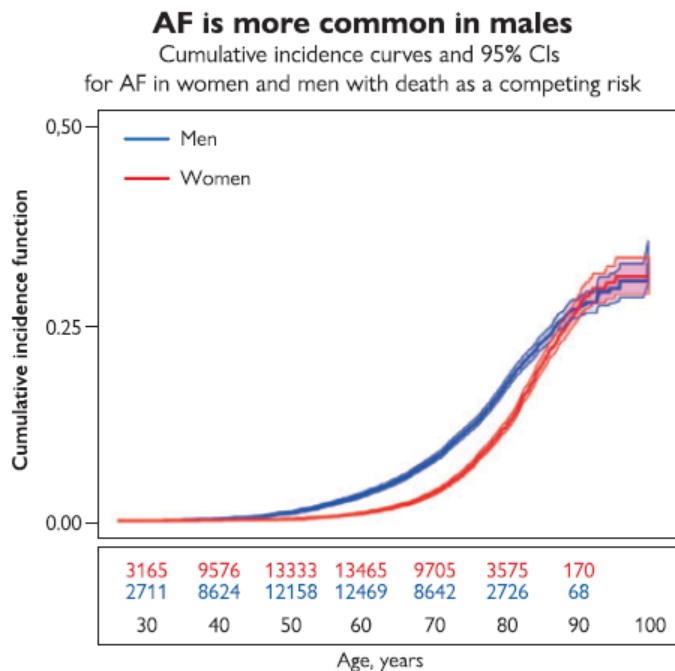
VALVE TRICUSPIDE

Faire équipe

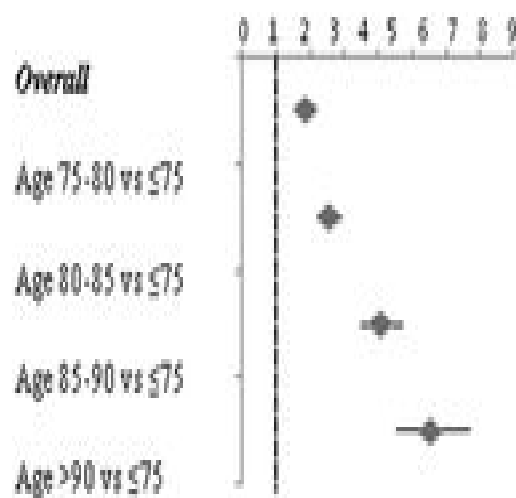


FA et âge

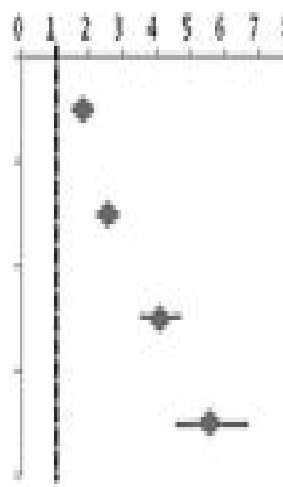
- L'incidence de la FA augmente avec l'âge
- Le risque embolique augmente avec l'âge



All-cause mortality



Stroke/TE/death events



Stroke and Major Bleeding Risk in Elderly Patients Aged ≥ 75 Years With Atrial Fibrillation
The Loire Valley Atrial Fibrillation Project



DEPISTAGE ?

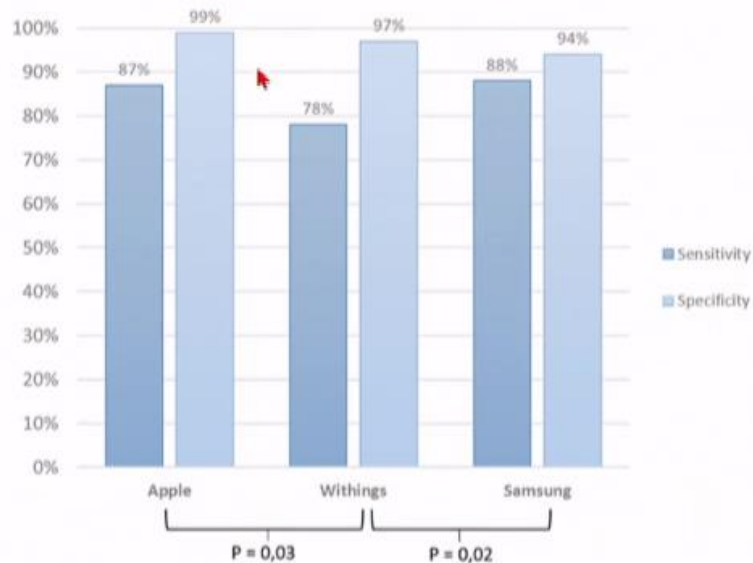
| Recommendation | Class ^a | Level ^b |
|---|--------------------|--------------------|
| Opportunistic screening for AF by pulse taking or ECG rhythm strip is recommended in patients ≥ 65 years of age. 188,211,223,225 | I | B |

Screening to identify unknown atrial fibrillation

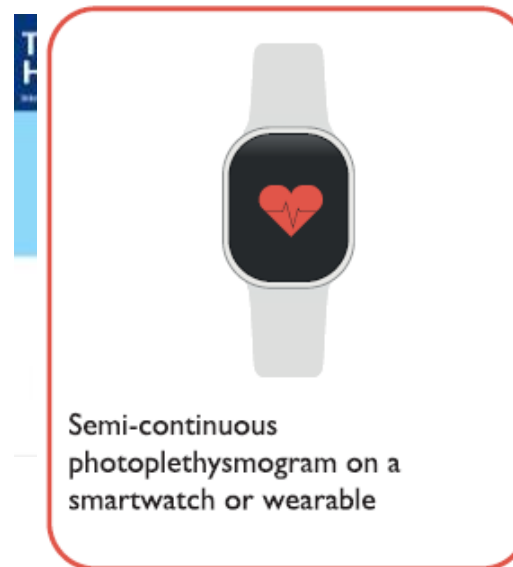
A systematic review

Nicole Lowres , Lis Neubeck , Julie Redfern , S. Ben Freedman

- Risk
- ETU
1,4% c
patien
- FIA



Etude Bordeaux-Clermont 1
200 patients
- 100 patients en FA
- 100 patients rythme sinus



DECOUVERTE

- PEC INITIALE IDENTIQUE



- TSH, Ionogramme, Echographie cardiaque, SAOS

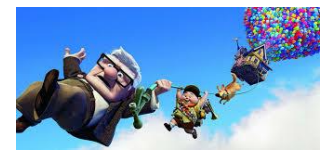
- Le risque EMBOLIQUE : ANTICOAGULATION

- Le RETENISSEMENT : ANTI-ARYTHMIQUES? ABLATION? CONTROLE FREQUENCE ?



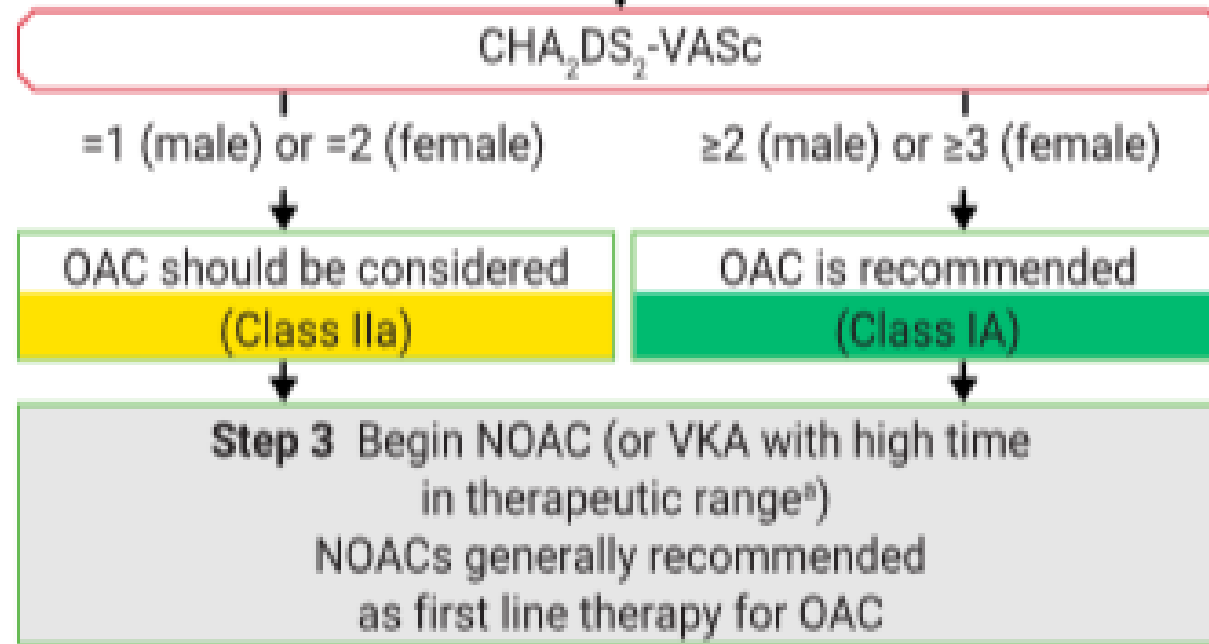
ANTICOAGULATION

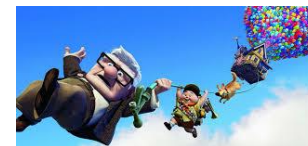




CHADSVASC

| CHA ₂ DS ₂ -VASC score | | Points awarded |
|--|---|----------------|
| Risk factors and definitions | | |
| C | Congestive heart failure Clinical HF, or objective evidence of moderate to severe LV dysfunction, or HCM | 1 |
| H | Hypertension or on antihypertensive therapy | 1 |
| A | Age 75 years or older | 2 |
| D | Diabetes mellitus Treatment with oral hypoglycaemic drugs and/or insulin or fasting blood glucose >125 mg/dL (7 mmol/L) | 1 |
| S | Stroke Previous stroke, TIA, or thromboembolism | 2 |
| V | Vascular disease Angiographically significant CAD, previous myocardial infarction, PAD, or aortic plaque | 1 |
| A | Age 65 – 74 years | 1 |
| SC | Sex category (female) | 1 |
| Maximum score | | 9 |





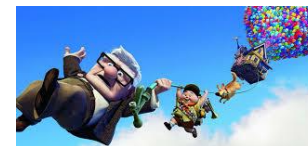
ANTICOAGULATION

Real-World Clinical Characteristics and Treatment Patterns of Individuals Aged 80 and Older with Nonvalvular Atrial Fibrillation: Results from the ReAl-life Multicenter Survey Evaluating Stroke Study

- 2127 patients de plus de 80 ans

younger than 80 ($54.7 \pm 24.9\%$, $P < .001$). Anticoagulant therapy was prescribed for 74.8% of participants younger than 80% and 63% of those aged 80 and older ($P < .001$). Higher CHA₂ DS₂ VASc score and lower HAS-BLED score were independent predictors of OAC prescription in participants aged 80 and older.

- 63% seulement étaient anticoagulés

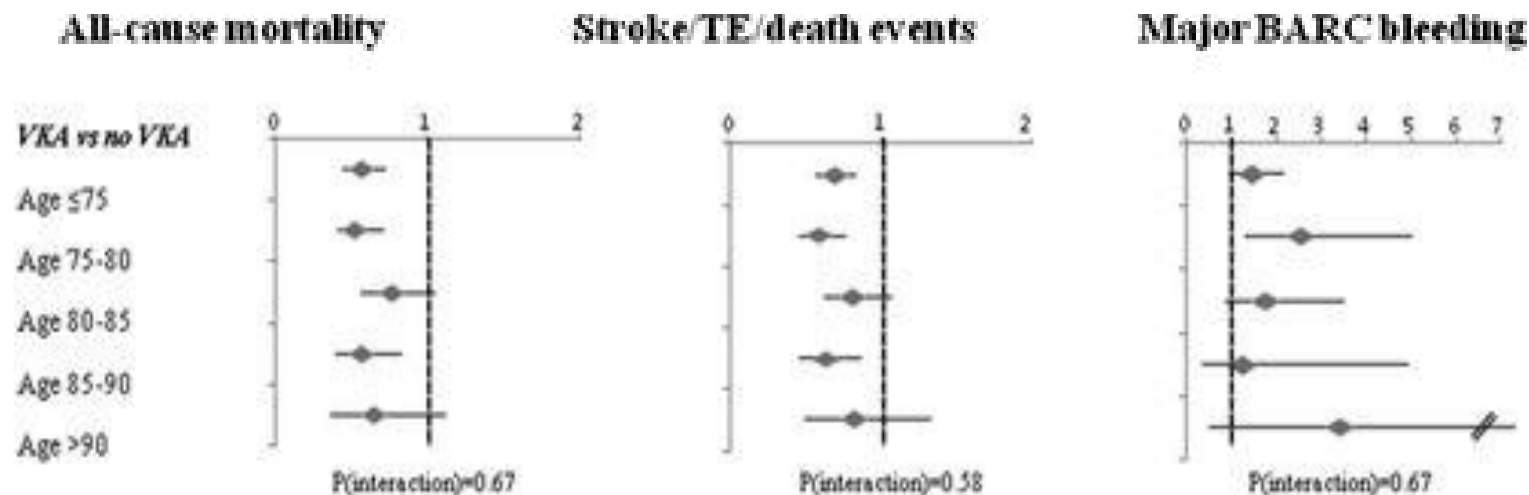


ANTOCOAGULATION par AVK

Stroke and Major Bleeding Risk in Elderly Patients Aged ≥ 75 Years With Atrial Fibrillation

The Loire Valley Atrial Fibrillation Project

Etude prospective de 8962 dont 4130 âgés de plus de 75 ans patients





AOD vs AVK plus de 90 ans

Oral Anticoagulation in Very Elderly Patients with Atrial Fibrillation - A Nationwide Cohort Study

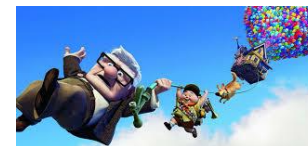
- ≥ 90 ans
- Registre Taiwanais « National Health Insurance Research Database »
- 2012 to 2015, 768 patients traités par de la WARFARINE vs 978 patients traités par un AOD (les 3)

| Ischemic stroke | | Hazard ratio (95% CI) | | P value |
|-----------------|-----------------------------|-------------------------|--|---------|
| Warfarin | | Reference | | - |
| NOACs | Unadjusted model | 0.96 (0.51 - 1.82) | | 0.900 |
| | Adjusted model [†] | 1.04 (0.45 - 1.97) | | 0.905 |
| | Competing risk [‡] | 1.16 (0.61 - 2.22) | | 0.654 |
| ICH | | | | |
| Warfarin | | Reference | | - |
| NOACs | Unadjusted model | 0.27 (0.08 - 0.93) | | 0.038 |
| | Adjusted model [†] | 0.29 (0.09 - 0.98) | | 0.046 |
| | Competing risk [‡] | 0.32 (0.10 - 0.97) | | 0.044 |

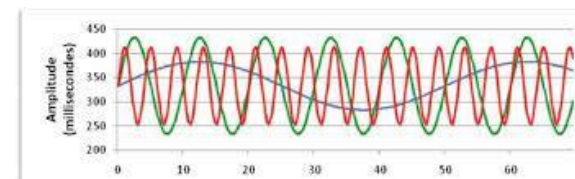
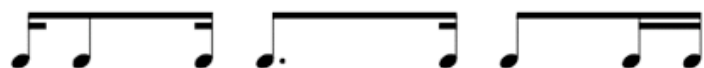
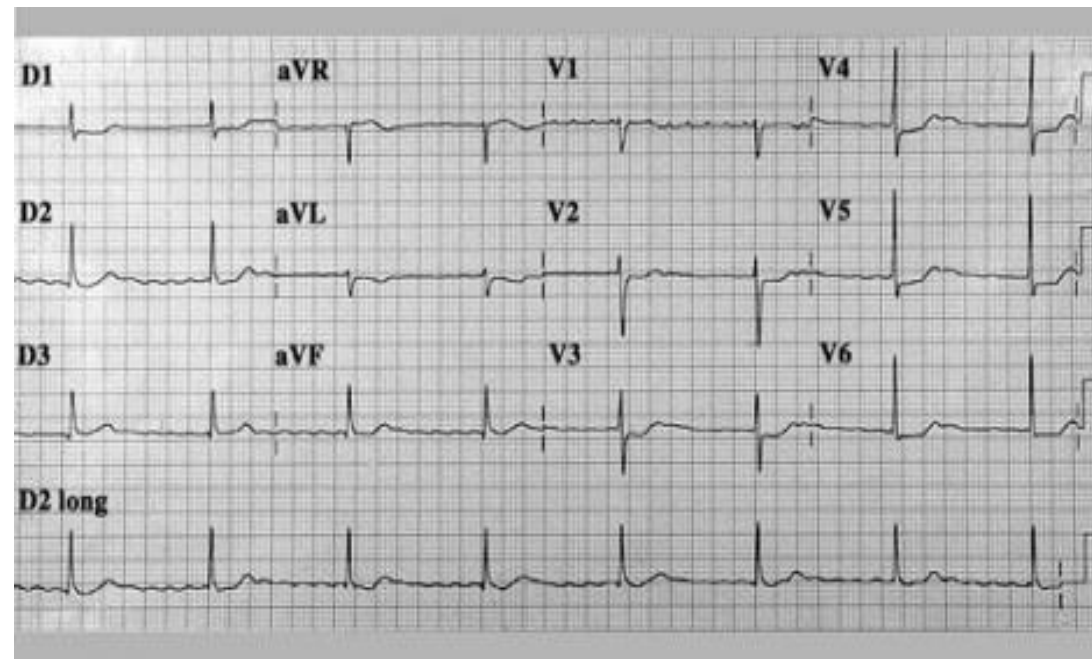
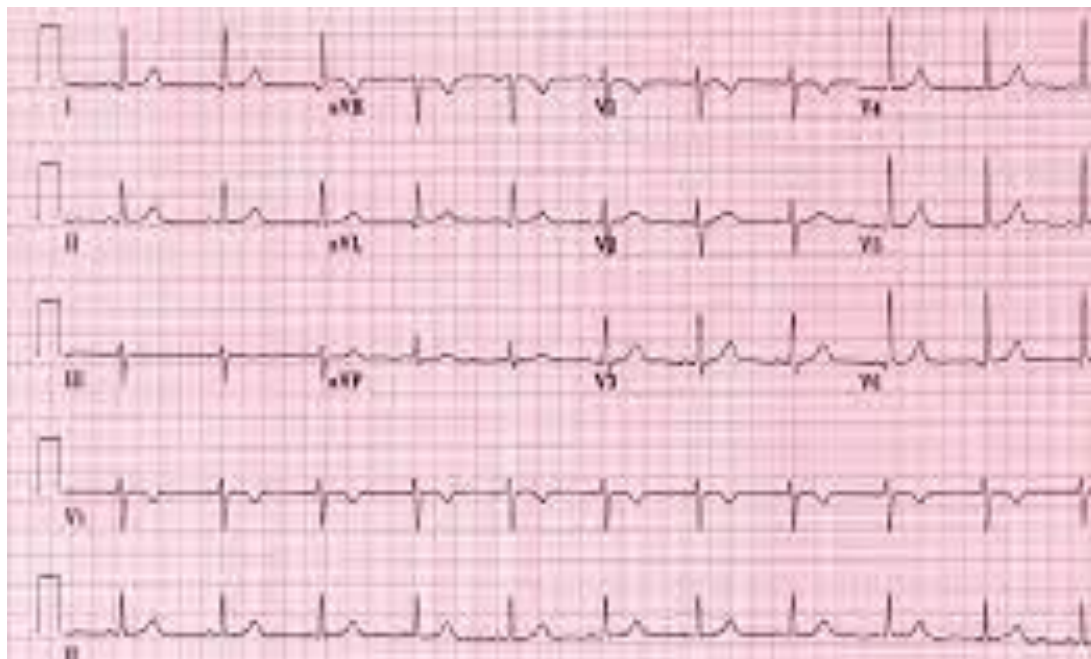


ANTICOAGULATION A BONNE DOSE

| | Dabigatran | Rivaroxaban | Apixaban |
|--------------------------------|--|---------------------|---|
| Standard dose | 150 mg b.i.d. | 20 mg o.d. | 5 mg b.i.d. |
| Lower dose | 110 mg b.i.d. | | |
| Reduced dose | | 15 mg o.d. | 2.5 mg b.i.d. |
| Dose-reduction criteria | Dabigatran 110 mg b.i.d. in patients with: <ul style="list-style-type: none">● Age ≥ 80 years● Concomitant use of verapamil, or● Increased bleeding risk | CrCl 15 - 49 mL/min | At least 2 of 3 criteria: <ul style="list-style-type: none">● Age ≥ 80 years,● Body weight ≤ 60 kg, or● Serum creatinine ≥ 1.5 mg/dL (133 $\mu\text{mol/L}$) |



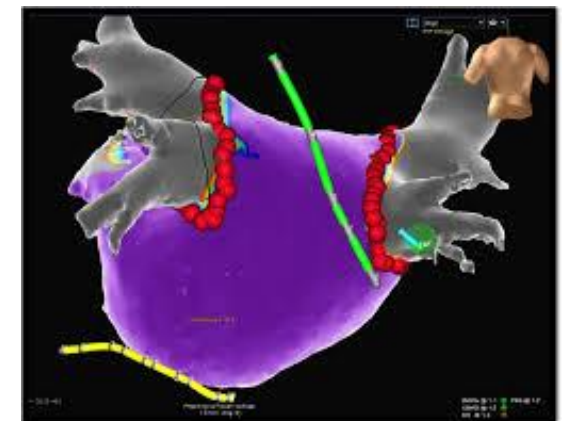
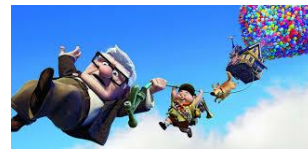
CONTRÔLE DU RYTHME VS CONTROLE DE LA FREQUENCE ??



Les moyens :

- Contrôle fréquentiel :
 - ❖ Bbloquants
 - ❖ Icalciques
 - ❖ Digoxine PO : !!! Fonction rénale
 - ❖ ABLATION du NAV-PM

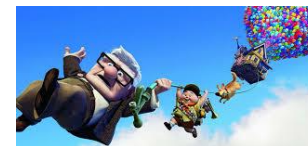
- Contrôle du rythme :
 - ❖ **CORDARONE**>> Flécaïne
 - ❖ ABLATION endocavitaire





Choice and Outcomes of Rate Control versus Rhythm Control in Elderly Patients with Atrial Fibrillation: A Report from the REPOSI Study

- Registre observationnel de patients > 75 ans multicentrique FA à l'admission
- Contrôle rythme vs fréquence
- Absence de différence de mortalité cardiovasculaire et toute cause (6.1 vs. 5.6%, $p = 0.89$; and 15.9 vs. 14.1%, $p = 0.70$, respectivement)
- 83 % avaient un contrôle de fréquence+++



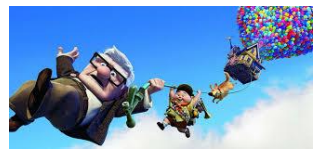
MAIS

- Etudes observationnelle, sur la MORTALITE
- EVALUATION DES SYMPTOMES+++
- STRATEGIE UNIQUEMENT MEDICAMENTEUSES : QUID DE L'ABLATION

| Recommendations | Class ^a | Level ^b |
|---|--------------------|--------------------|
| Rhythm control therapy is recommended for symptom and QoL improvement in symptomatic patients with AF. ^{551–553} | I | A |

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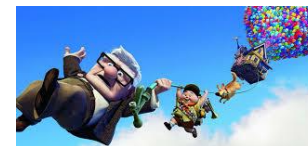
ABLATION



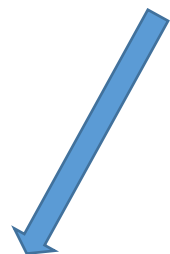
Full Access

Long-Term Clinical Efficacy and Risk of Catheter Ablation for Atrial Fibrillation in Octogenarians

- 2 groupes : > 80 ans (35) vs < 80 ans (717)
- Veines pulmonaires +/- lignes
- A 1 an : absence de récurrence dans 78% chez les >80 and 75% chez les < 80 ans ($p = 0.78$)
- A 3 ans : taux de complications comparables

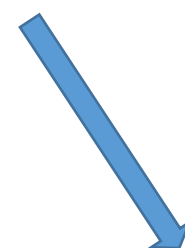


STRATEGIE RYTHMIQUE



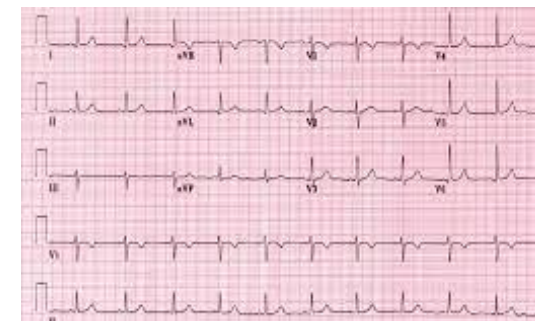
SYMPTOMES / FA
RECENTE

- Réduction
- Bon état général :
ABLATION



ASYMPTOMATIQUE / FA
ancienne

- Contrôle fréquence
- PM + ablation du NAV



Messages

- ANTICOAGULATION A BONNE DOSE même après 90 ans
- Contrôle du rythme vs fréquence selon profil de patient
- Penser à l'ablation même après 75 ans

