
Tilmelding af Foredrag

Foredragets titel

Stroke-prevention and opportunistic screening for silent atrial fibrillation and cardiovascular disease in patients with obstructive sleep apnea

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Uddannelsesniveau

1) MD
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Introduktion

Patients with silent and undiagnosed atrial fibrillation (AF) have increased risk of ischemic stroke. Patients with obstructive sleep apnea (OSA) have an increased risk of both AF and ischemic stroke. Our aim was to investigate the prevalence of AF and associated risk factors in a cohort of patients investigated for OSA or with known OSA.

Materiale/metode

This study was performed in two sites; one outpatient sleep-clinic at Zealand University Hospital and one private Ear-Nose- and Throat ENT clinic. Patients were investigated with a type-3-portable sleep-monitoring device while the heart rhythm was home-monitored for 7 days with an event-triggered loop recorder. Patients were stratified in groups of mild, moderate and severe OSA based on Apnea-Hypopnea-Index (AHI).

Resultater

In a cohort of 303 patients, 238 (78.5%) were diagnosed with moderate and severe OSA and 65 (21.5%) with no/mild OSA who constituted the control group. In 238 patients with moderate and severe OSA, AF was detected in 21 patients (8.8%) vs. 1 patient (1.5%)($p=0.045$) with mild OSA. All candidates for anticoagulation-treatment with AF and a CHA2DS2VASc-score ≥ 1 were referred for further cardiovascular treatment. The majority of patients had known hypertension [$n=200$, 66%] and dyslipidemia [$n=235$, (77.6%)]. In patients with moderate and severe OSA (AHI ≥ 15), hypertension was more dysregulated ($p=0.005$) and more patients suffered from unknown prediabetes [$n=36$, 3.1% vs. 14.3%($p<0.001$)].



Diskussion

Undiagnosed AF and undertreated cardiovascular modifiable risk-factors are common in a cohort of patients with moderate and severe OSA. Opportunistic diagnostic long-period screening will identify candidates for preventive anticoagulation, cardiovascular treatment and possibly prevent future ischemic stroke.

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