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Identifying Patients at Risk for Atrial Fibrillation

**Announcer Open:**
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**Dr. Potpara:**
Greetings. I'm Tatiana Potpara, Associate Professor from Belgrade University, and I'll be speaking today about identifying patients at risk for atrial fibrillation. I think the most prevalent sustained cardiac tachyarrhythmia in the global population of adults and being associated with considerable mortality and cardiovascular morbidity, atrial fibrillation poses a significant burden to the patient, responsible physician, and healthcare system.

There are multiple risk factors for incident atrial fibrillation that are modifiable, but there are also those that are non-modifiable. And the individual risk of atrial fibrillation increases with increasing age and the total burden, individual burden of these spectrums for atrial fibrillation, being additionally amplified by mutual interactions among other risk factors.

So, can we predict the risk of incident atrial fibrillation? Well, there are more than 20 published risk prediction models for incident atrial fibrillation of which two have been most widely validated. The CHARGE-AF risk score has been widely validated in Caucasians, and the CHEST risk score has been tested in multiple Asian cohorts.

Why should we look for undiagnosed atrial fibrillation? Well, not infrequently approximately 30% of patients, AF may present, first present, without symptoms or with weak symptoms not requiring immediate medical attention. And the first presentation could be TIAs and ischemic stroke. To prevent such scenario, a timely detection of asymptomatic atrial fibrillation would facilitate timely initiation of treatment and prevention of major advanced health outcomes, including stroke and mortality.

Available screening AF randomized trials suggest beneficial effects of screening for AF, but they are truly underpowered to analyze the surface difference and the net benefits from screening. Nevertheless, the results of meta-analysis are encouraging.

How should we look for atrial fibrillation? Well, the more you look, the more you'll find. The increasing intensity or duration of atrial fibrillation screening from opportunistic to systematic to consumer-driven screening, will certainly increase the number of individuals with newly detected atrial fibrillation, but the risk of stroke will be declined in members of the unselected population.

The current knowns and unknowns regarding the screening for atrial fibrillation have been summarized in both European and the U.S. guidelines. In the 2020 European guidelines, there is a Class I recommendation about opportunistic screening by pulse taking or ECG rhythms strip in patients 65 years or older, emphasizing that individuals undergoing screening should be informed about implications of detecting atrial fibrillation and a structured platform needs to be organized for screen-detected cases. And there is also Class IIa recommendation that systematic ECG screening should be considered in individuals 75 years or older who are at high risk of stroke.

The U.S. guidelines also summarize currently available evidence, and emphasize that ultimately for risk stratification models and screening programs to be useful, they would need to improve patient outcomes. And for that, organized screening, and screening

approaches to improve patient outcomes has not yet been established.

With that, I will conclude, and thank you for your kind attention.

**Announcer Close:**
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