



Anticoagulation in Pacemaker-Detected Atrial Fibrillation

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Introduction

Atrial fibrillation occurred frequently in patients with pacemakers and were associated with a significantly increased risk of ischemic stroke or systemic embolism. Large numbers of patients with permanent pacemakers have atrial fibrillation (AF), and anticoagulation rates in this population have not been described.

Method

We made a prospective analysis of 220 consecutive patients with AF who were attending the pacemaker follow up in our Center. When it was necessary, pacemaker was temporary reprogramming to low ventricular rates utilized to facilitate the diagnosis of AF.

Results

In 136 patients (62%) were diagnosed AF. All of them (100%) had CHA₂DS₂-VASc high risk score factors for thromboembolic stroke. 34 (25%) patients had been

anticoagulated with one of the new oral anticoagulants (NOACs), 61 patients (45%) had been anticoagulated with warfarin. 25% patients received only aspirin and 5% patients refused to take any kind of this kind of drugs. Major bleeding events were similar in both groups with anticoagulation therapy (2.3% per annum with NOACs vs 2.1% with warfarin). Intracranial bleeding was, however, significantly reduced with NOACs (0.1% versus 0.9% per annum). But there were an increased rate of major gastrointestinal bleeding with NOACs (3.1% versus 2.2% per annum).

Conclusion

AF is common in patients with permanent pacemakers. It is commonly asymptomatic, and anticoagulation is markedly underutilized in reducing stroke risk in these patients. Attention to the possibility of AF in paced patients should allow prompt diagnosis and allow both the initiation of anticoagulation in order to reduce thromboembolic stroke risk.