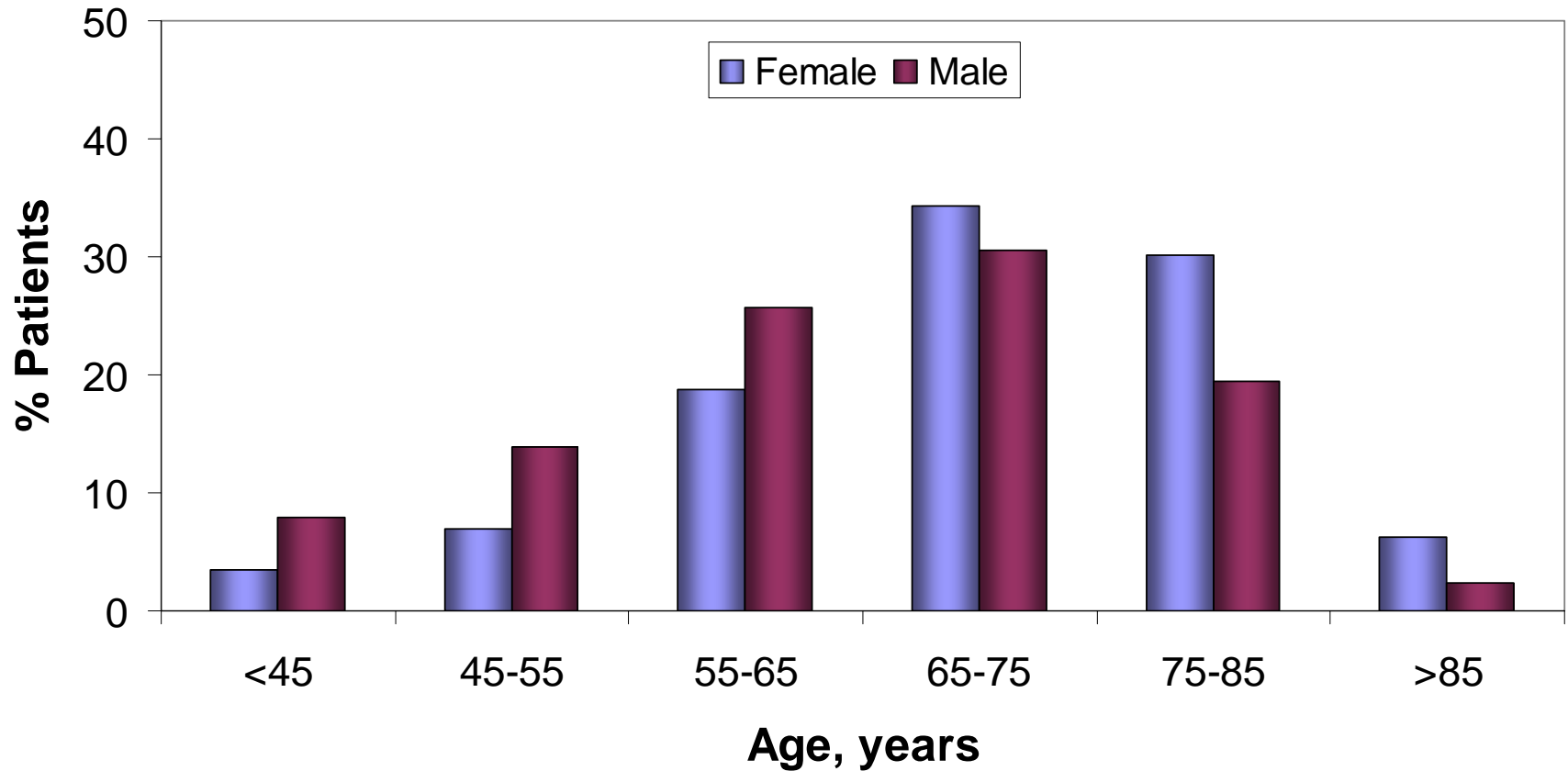


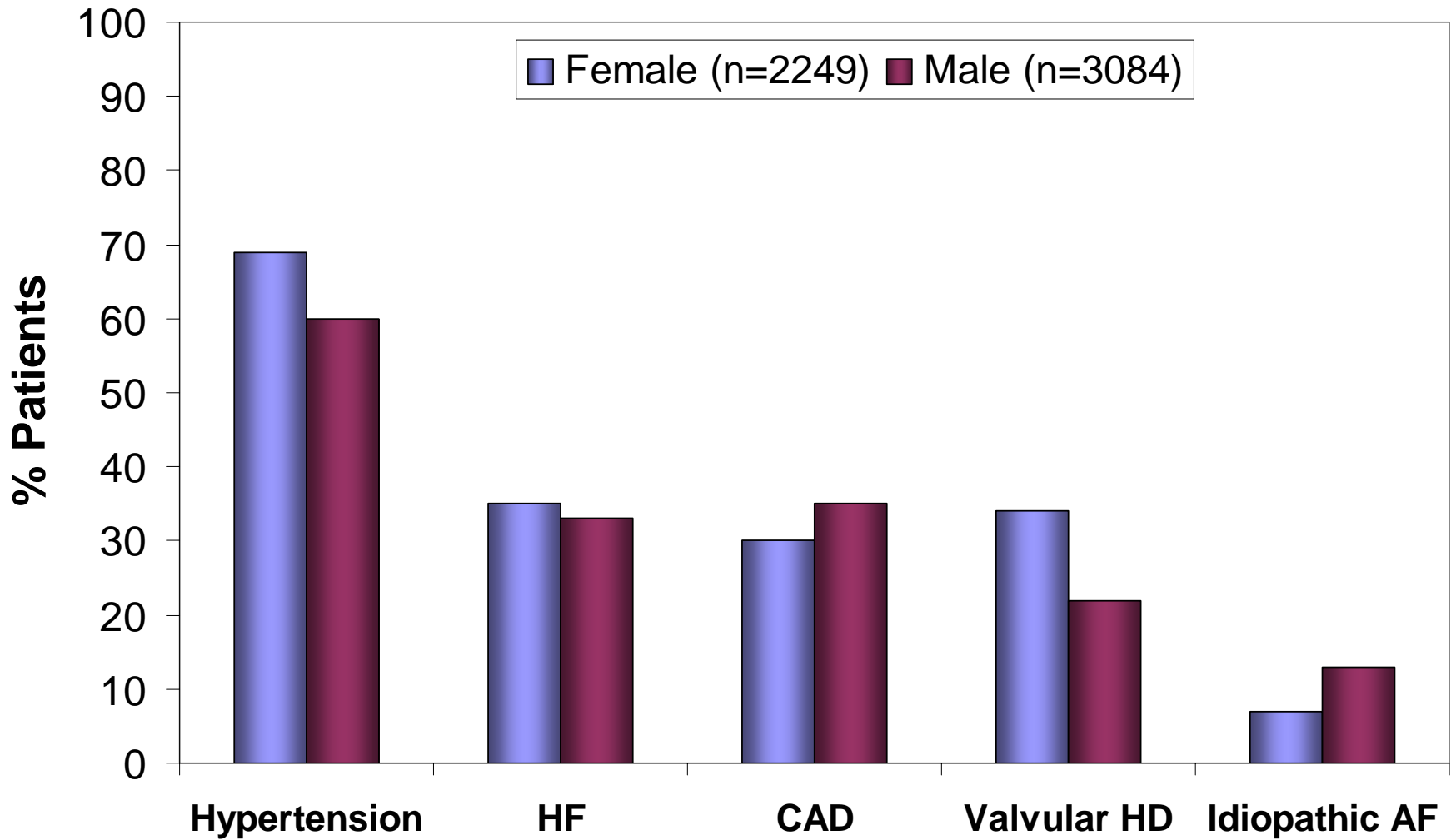
# **Treatment and Outcome of Atrial Fibrillation in the Female Population in Europe**

**Harry JGM Crijns  
Maastricht, NL**

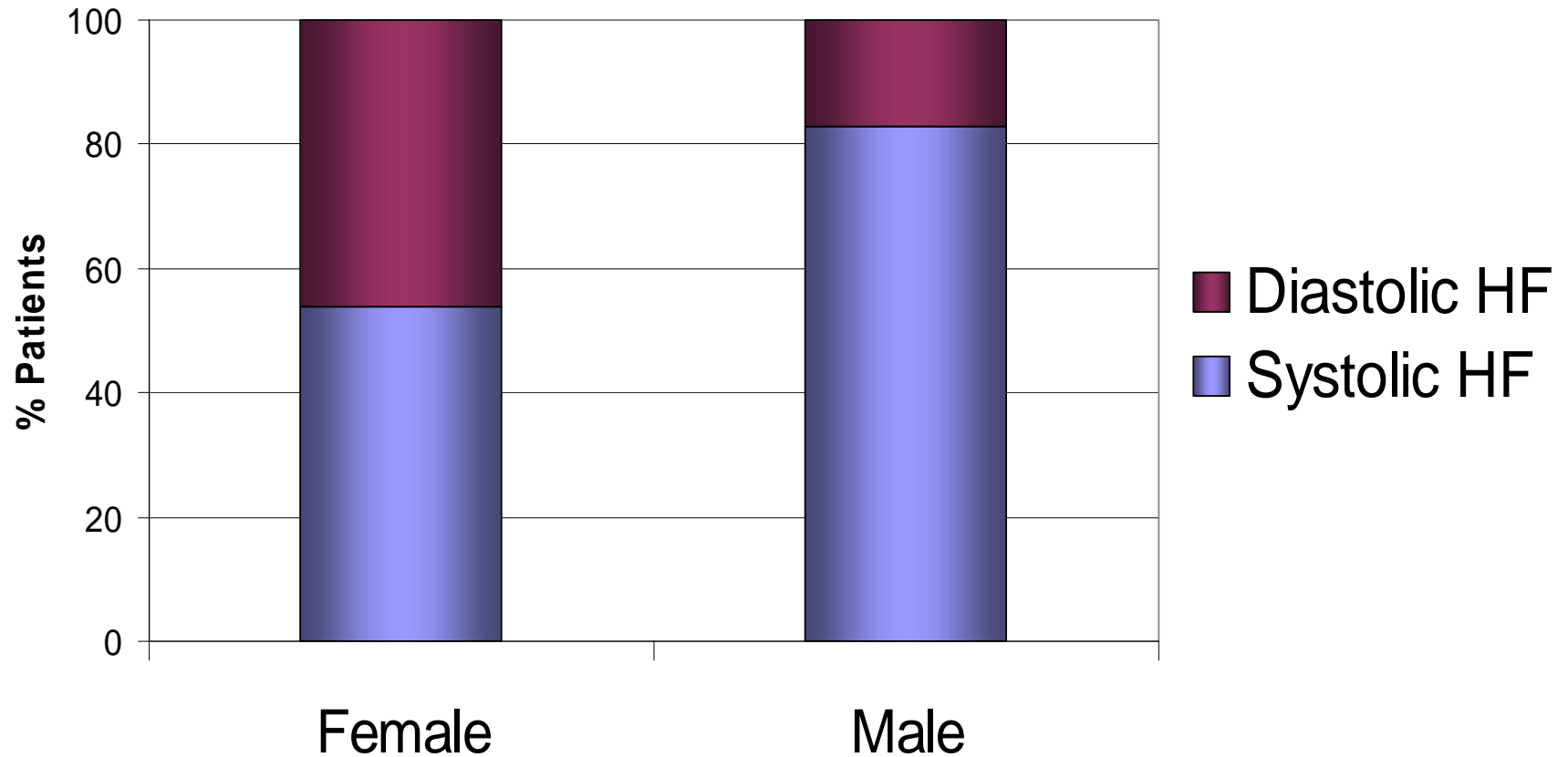
# Age and Gender



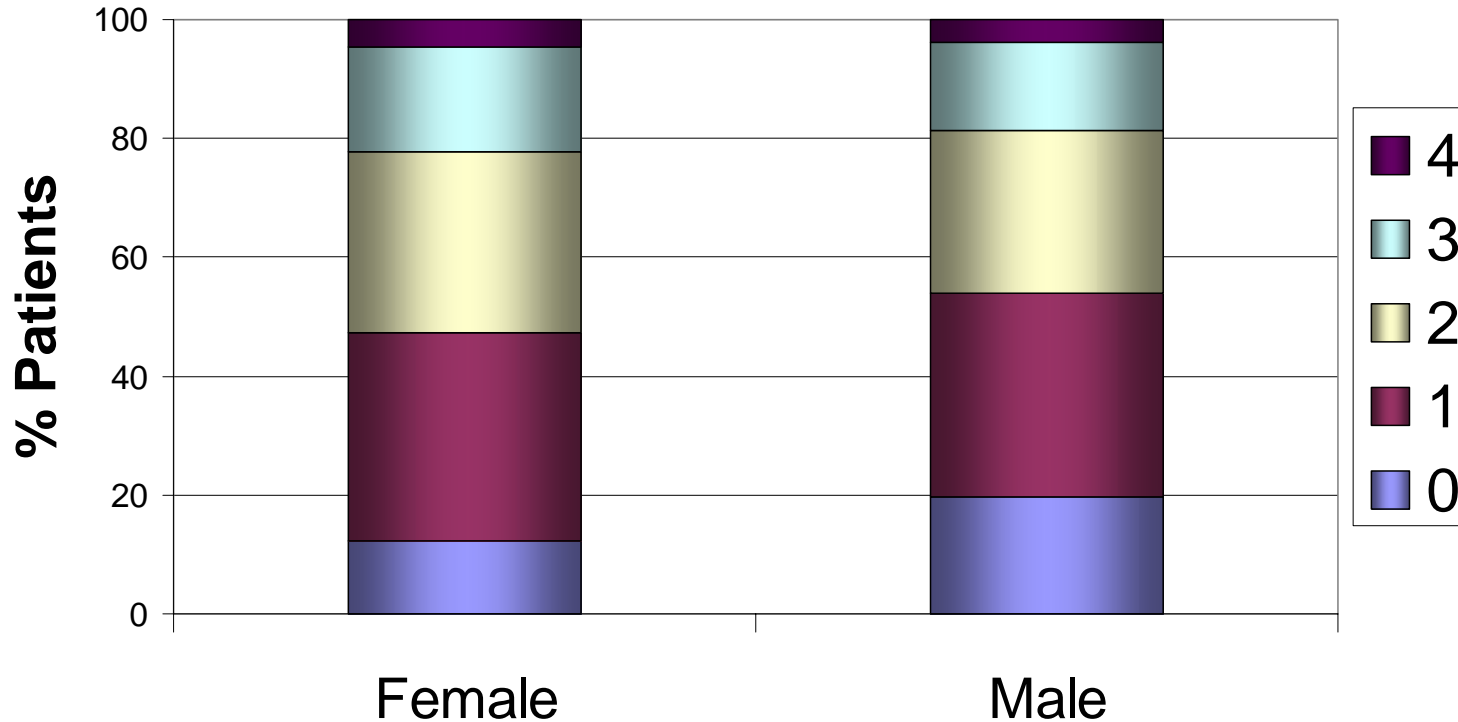
# Underlying Heart Disease



# Systolic versus Diastolic HF

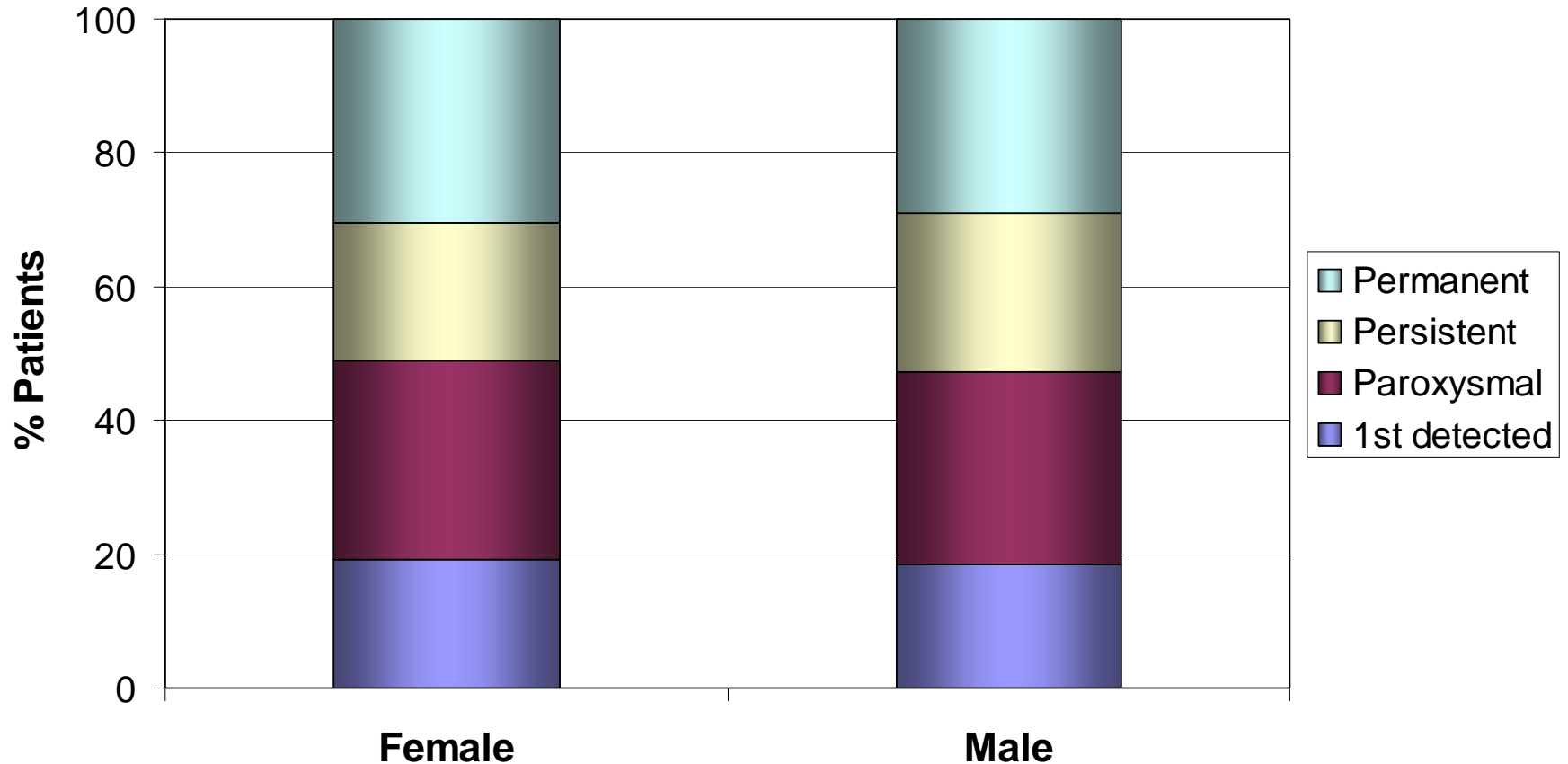


# Number of underlying heart diseases (HF, CAD, VHD, HT)

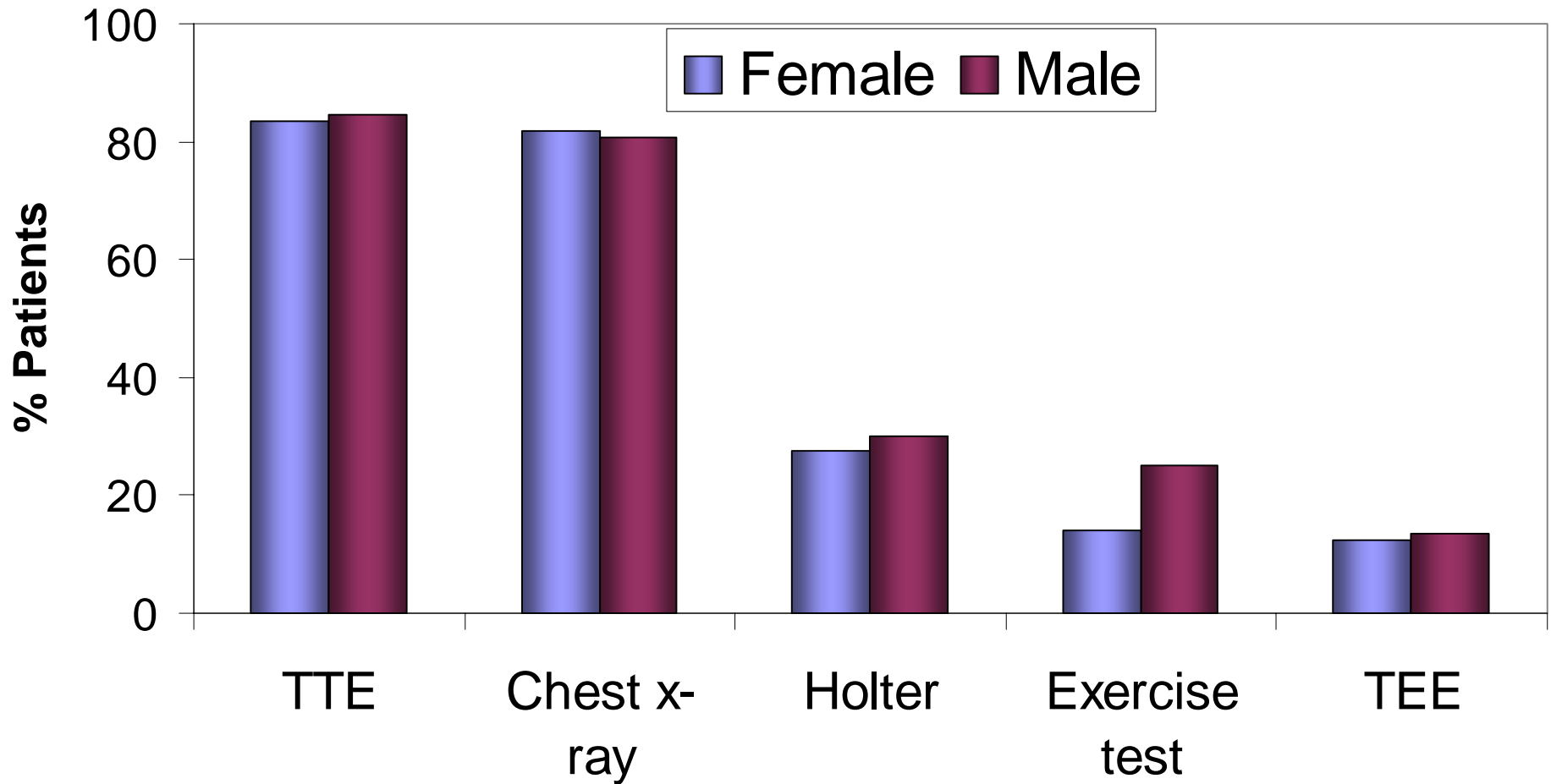


Minimal heart disease (lone, or HT only): Female 20%; Male 24%

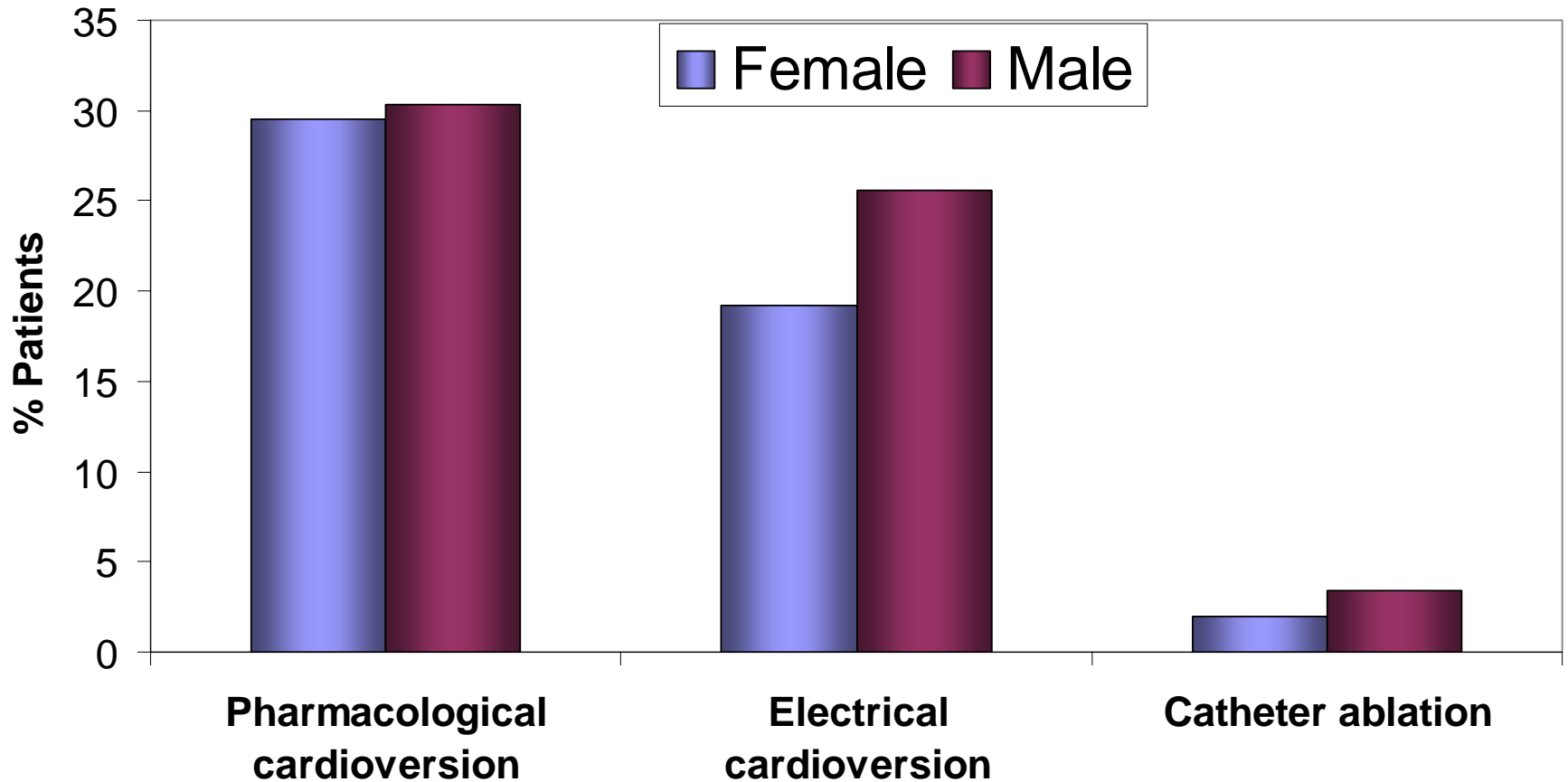
# Clinical Type of Atrial Fibrillation



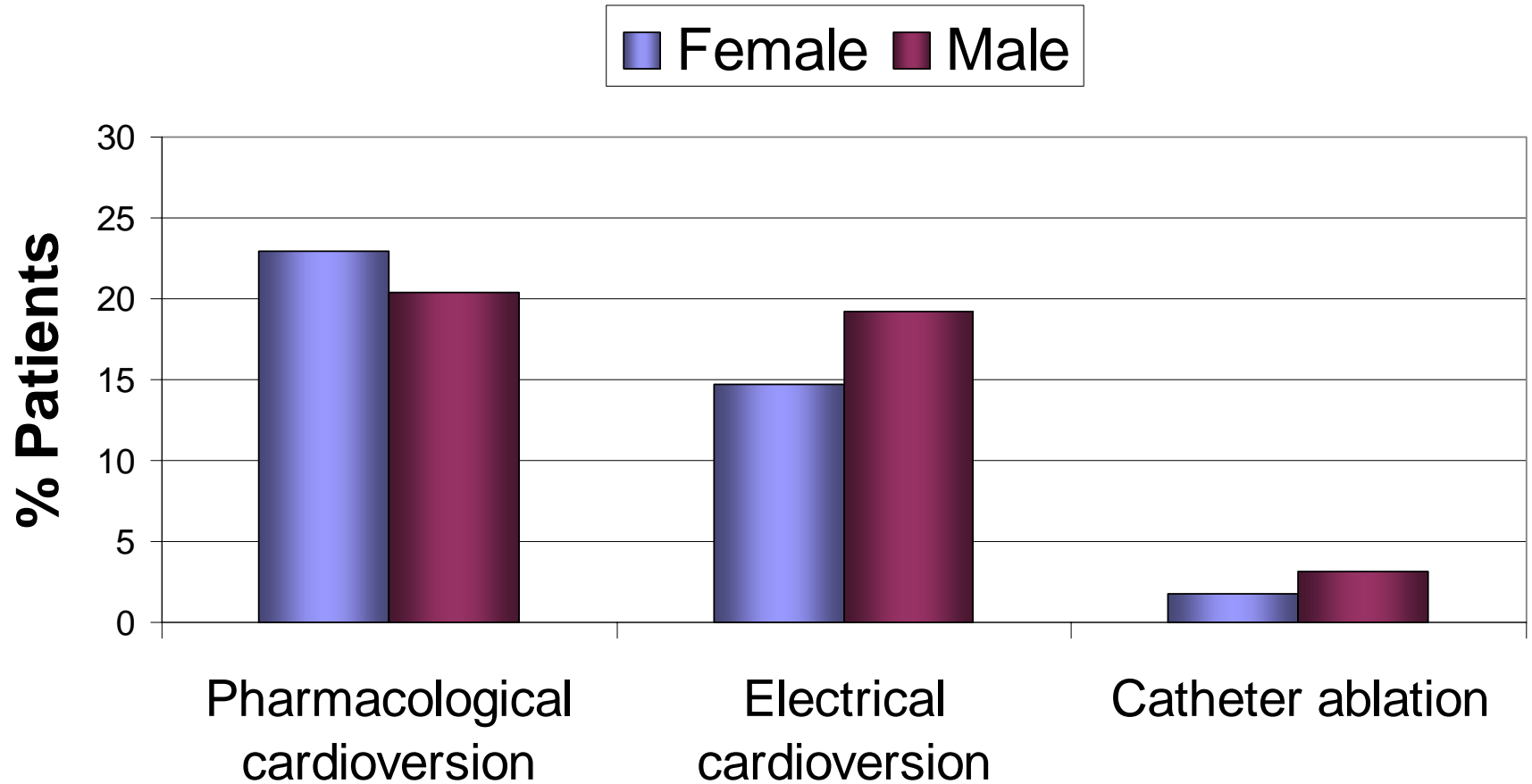
# Diagnostic Procedures



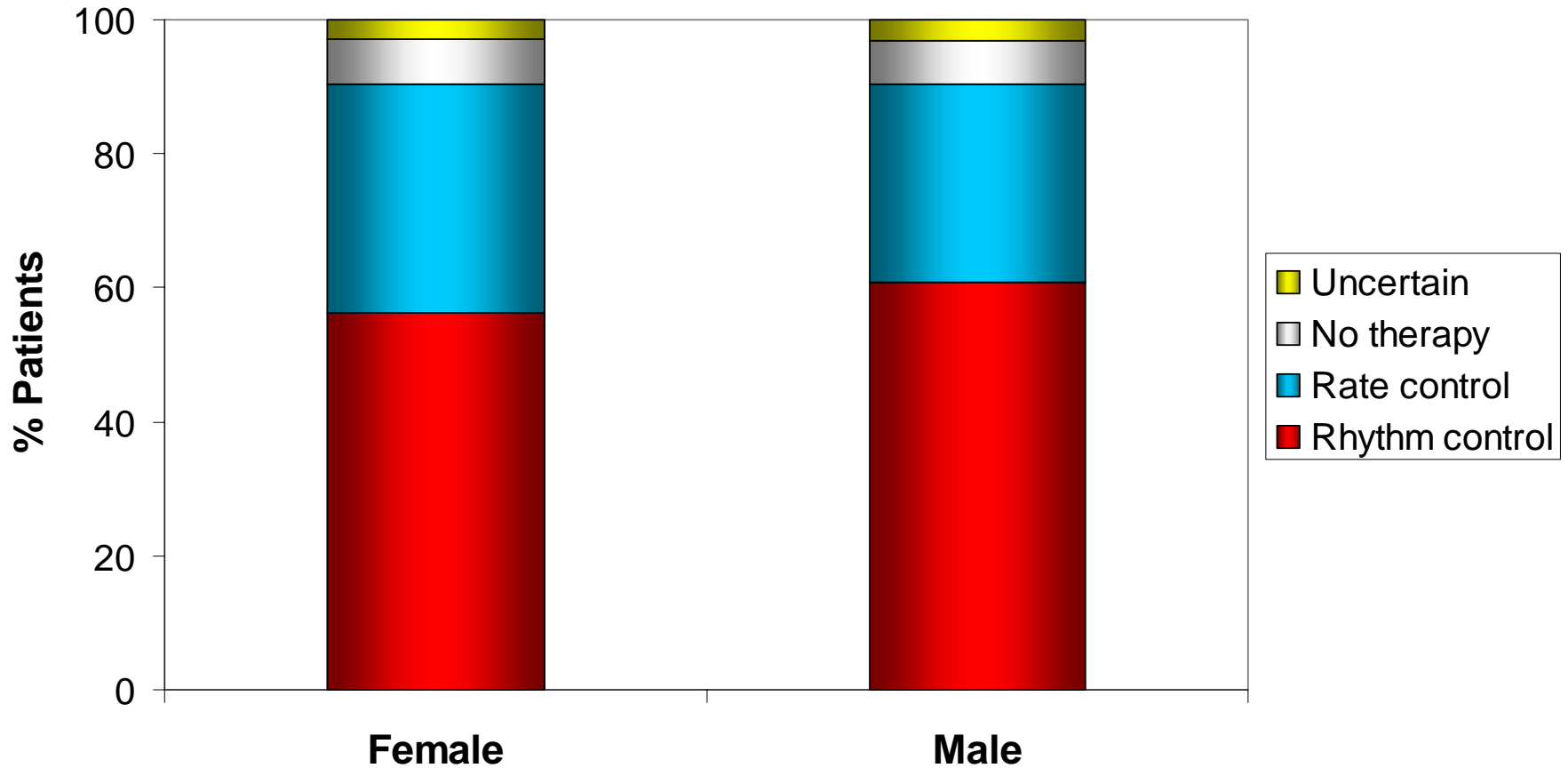
# Previous Interventions



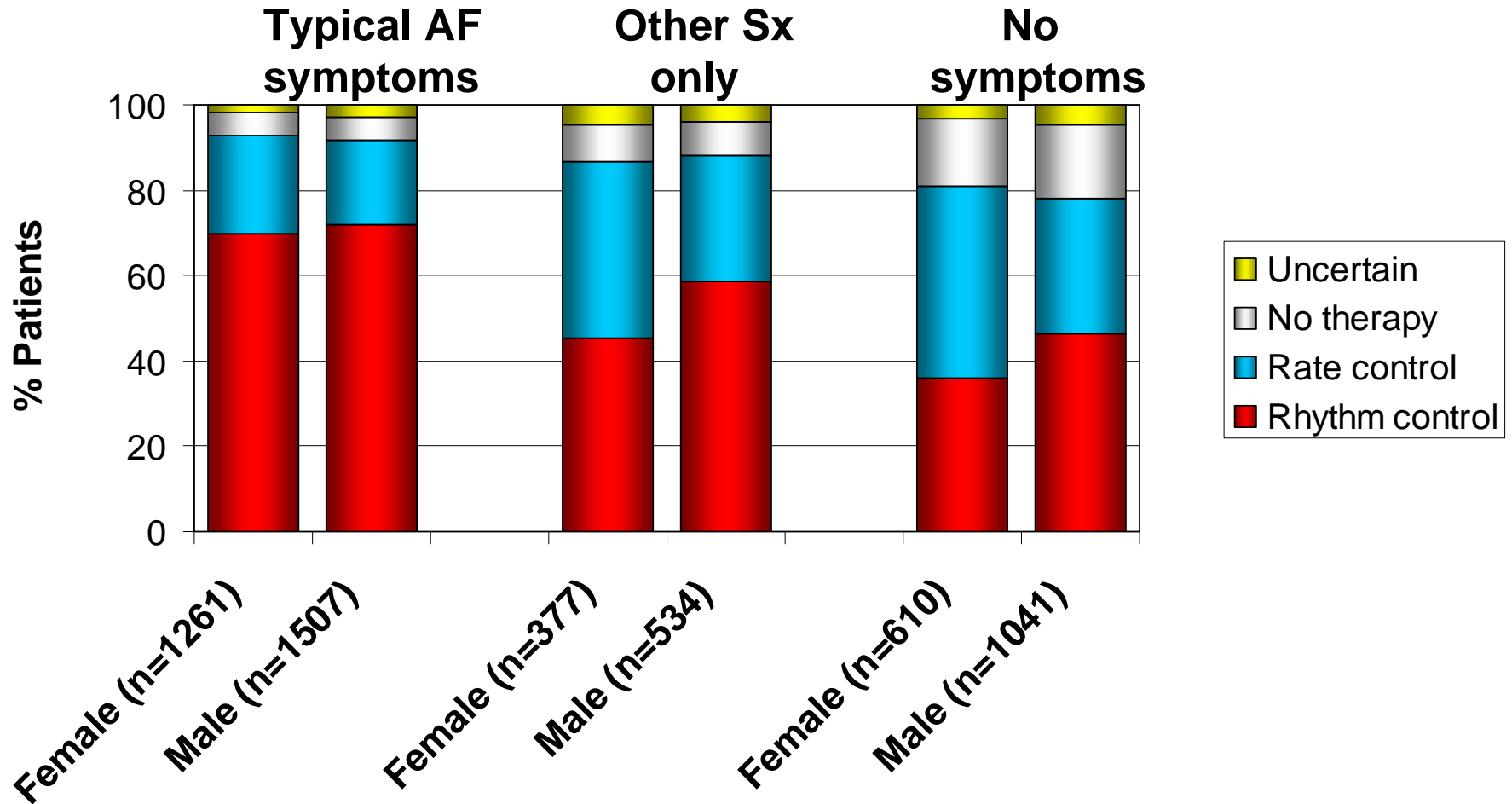
# Current Interventions



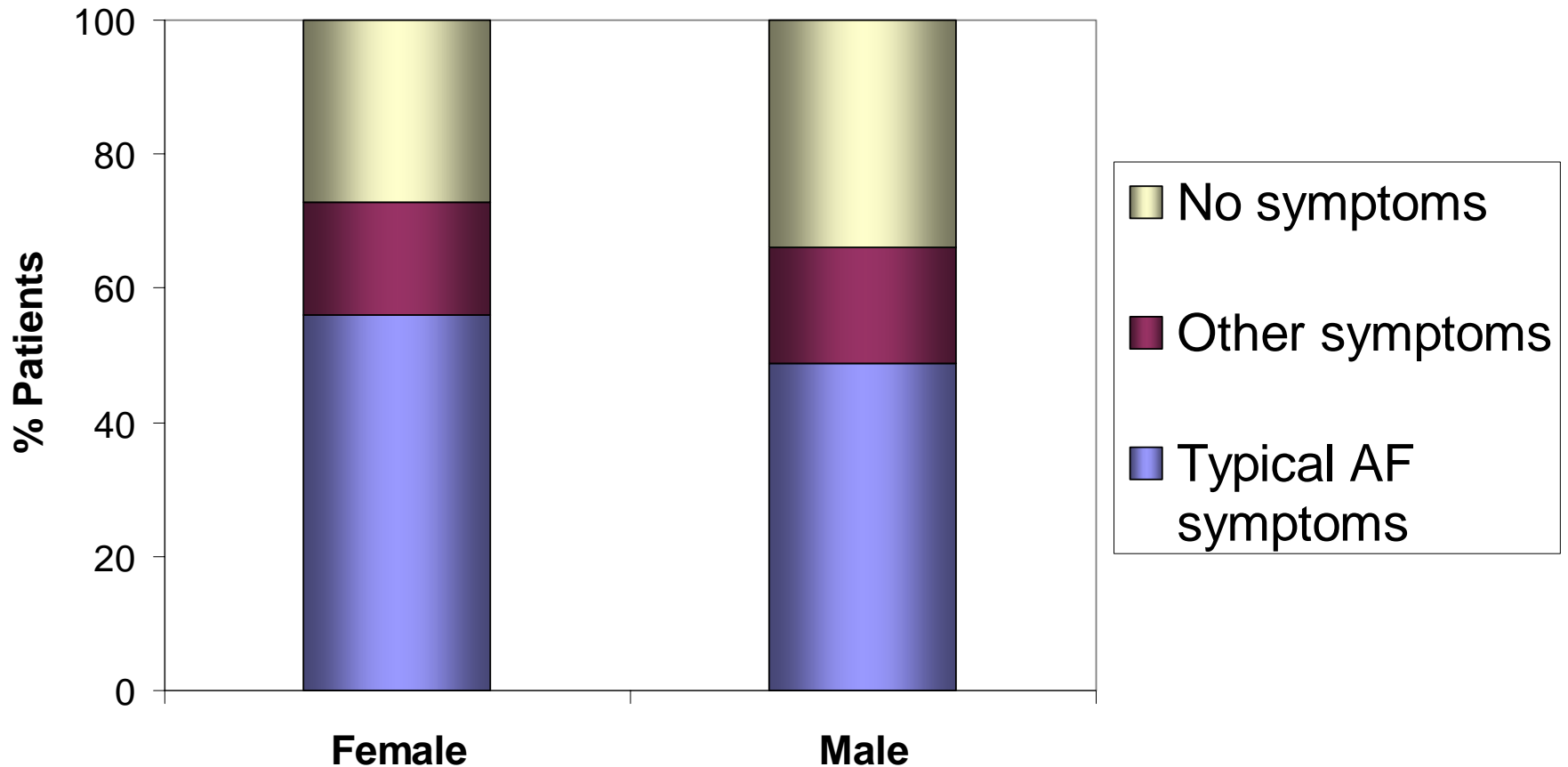
# Heart Rhythm Strategy



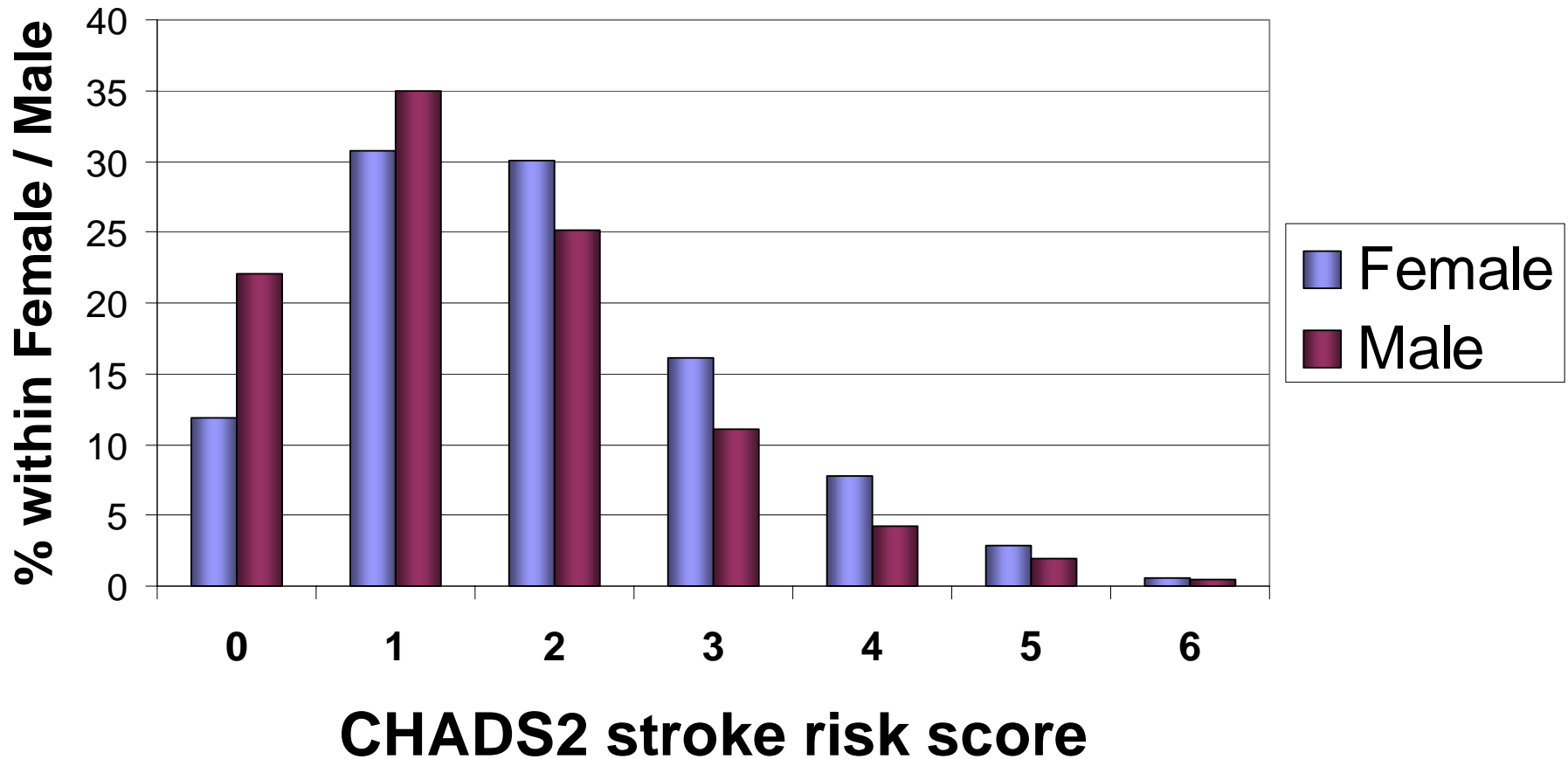
# Heart Rhythm Strategy (2)



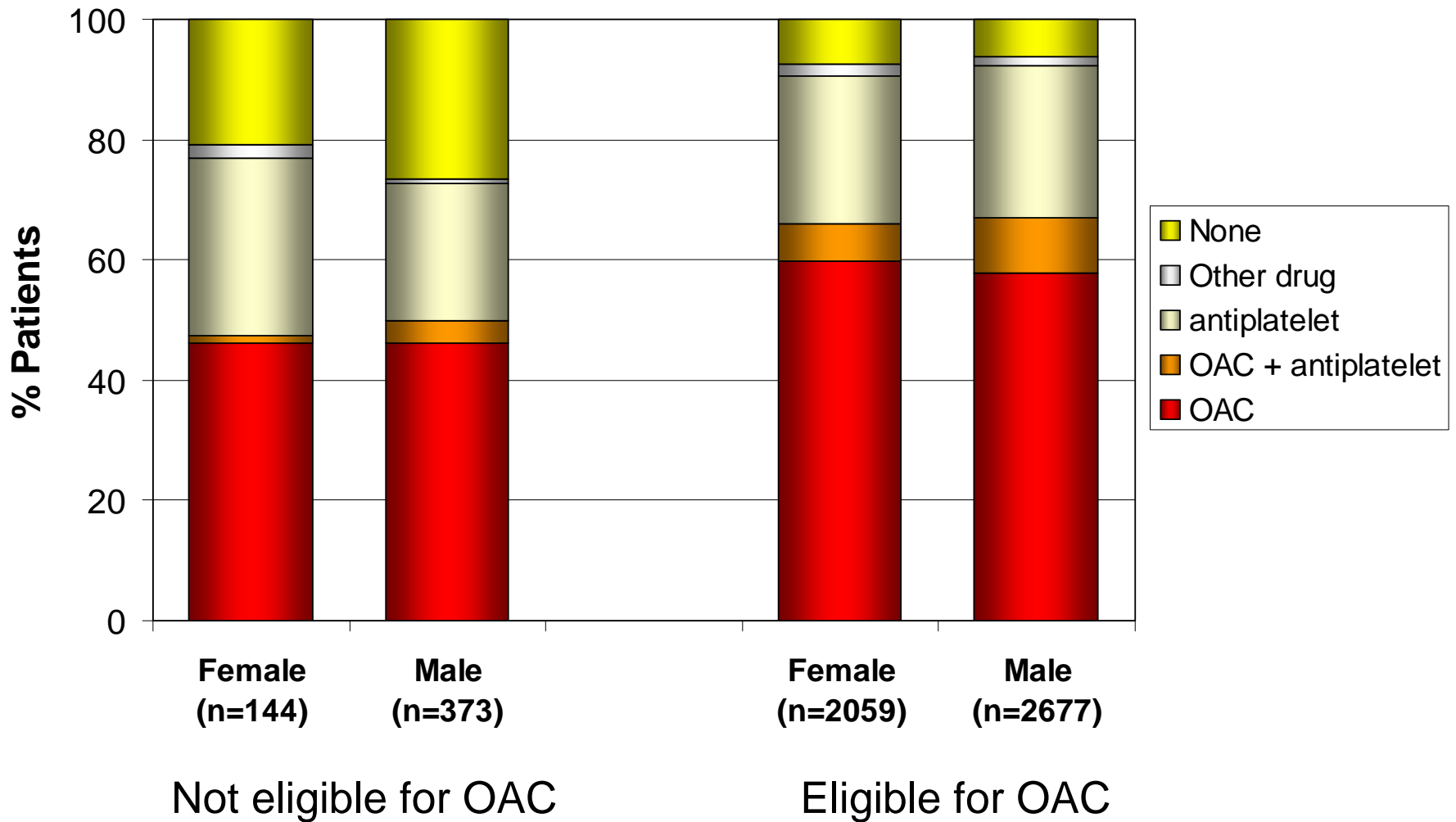
# Symptomatic Atrial Fibrillation



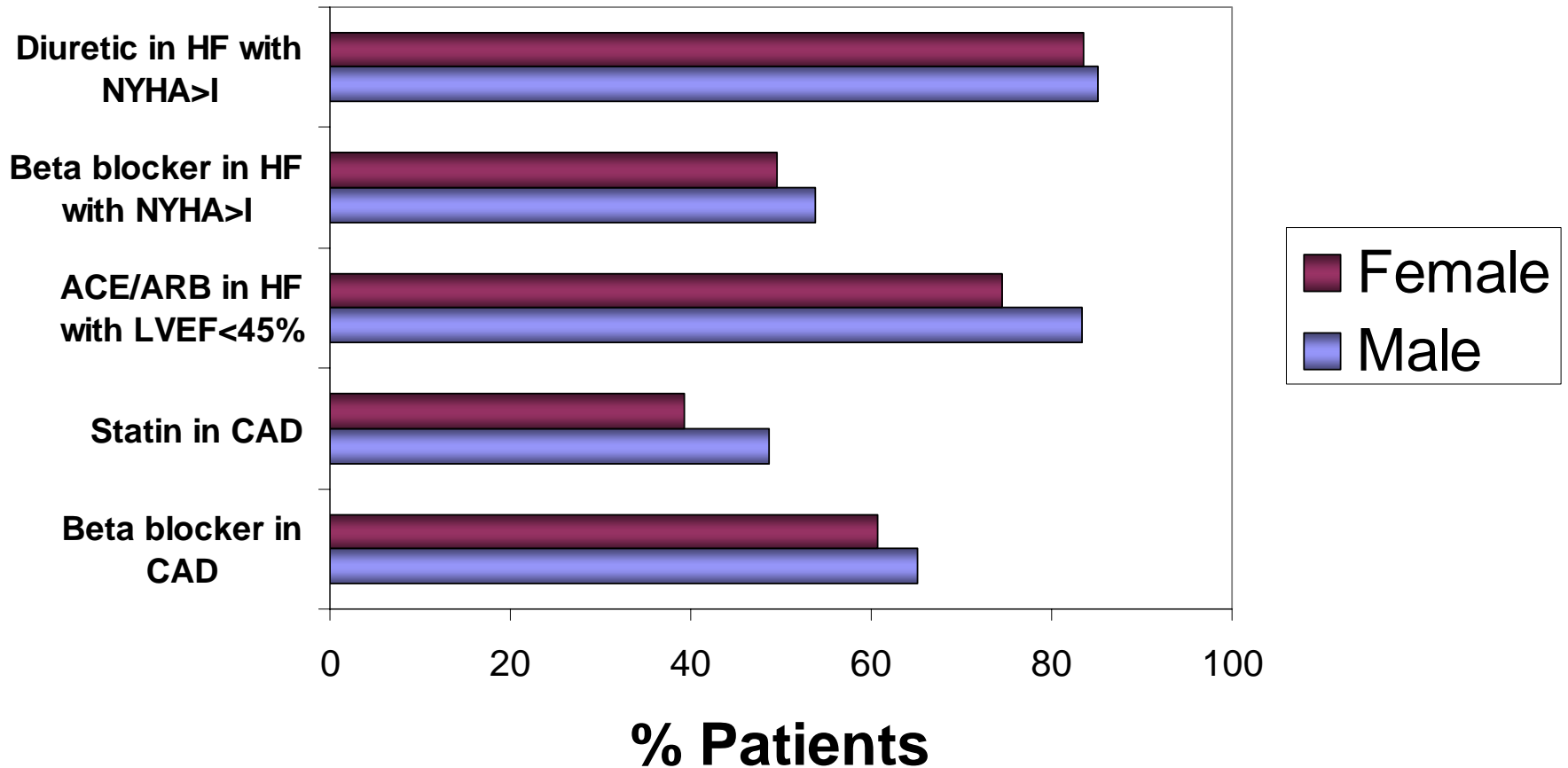
# Stroke Risk is Higher in Women With AF



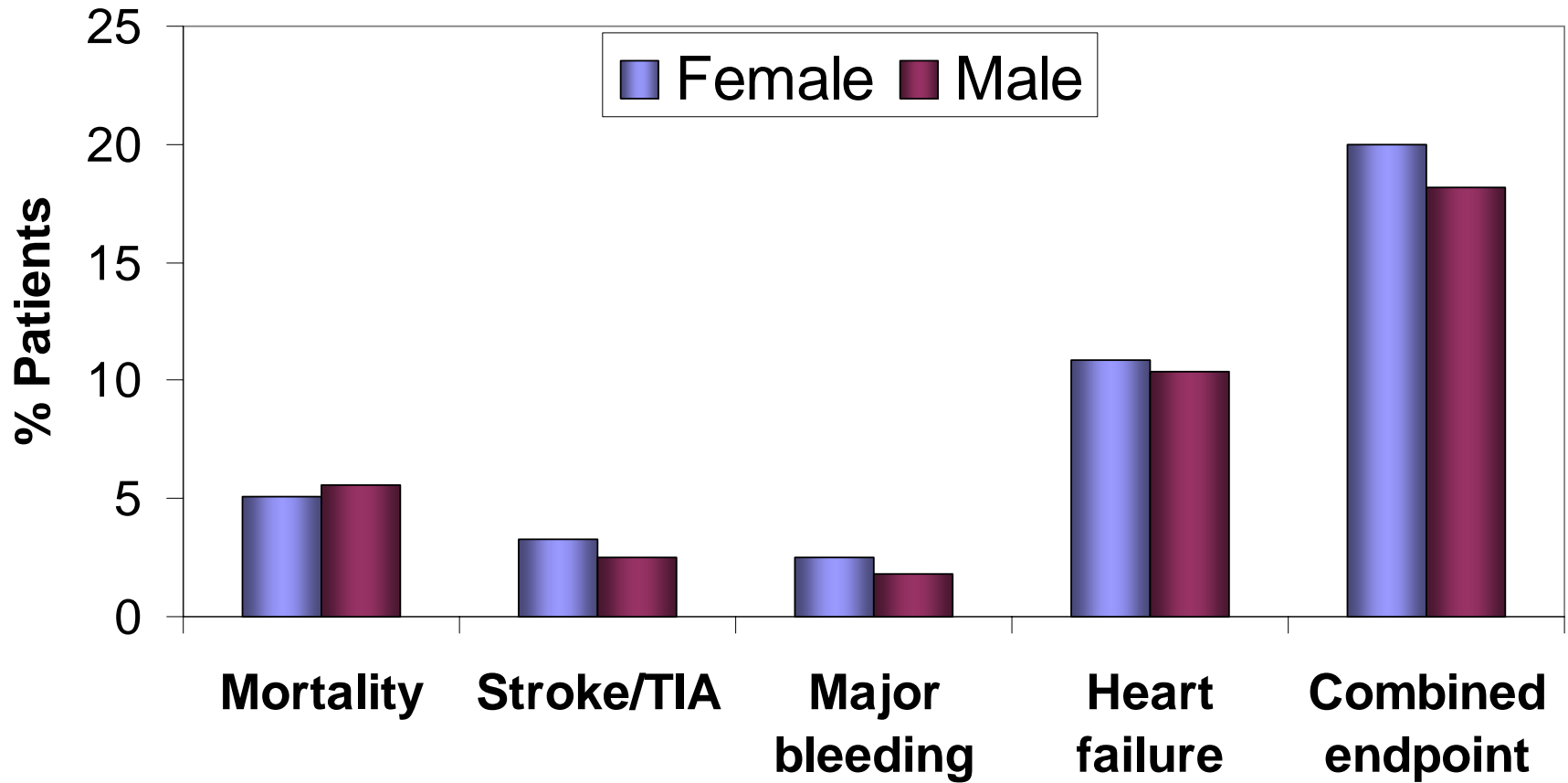
# Stroke Prevention Therapy



# Co-therapy in AF



# Outcome at 1 Year



# Multivariate Analysis of Combined Endpoint

Gender did not play a significant role in predicting outcome (combined endpoint) with multivariate logistic regression:

OR = 0.92 (0.77-1.1);  $p=0.391$

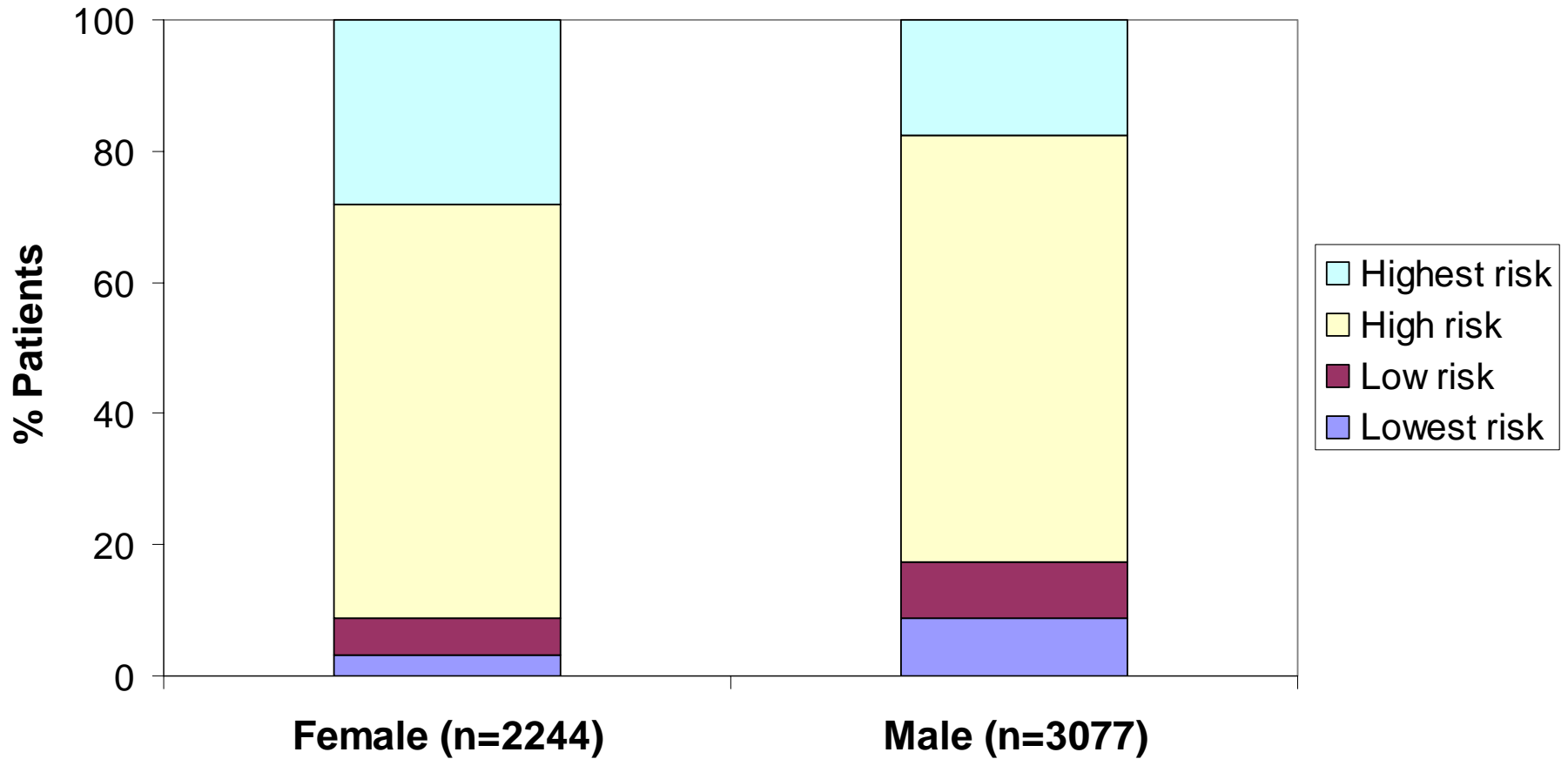
# Conclusions

- Females patients with AF in this survey were older and sicker than male patients
- Females have a high relative incidence of diastolic heart failure
- Females are treated less aggressively than men concerning rhythm control
  - no difference in symptoms during follow-up
  - lower risk of side effects of rhythm control drugs
- Despite less aggressive management similar outcome compared to male patients
  - may relate to similar use of anticoagulation

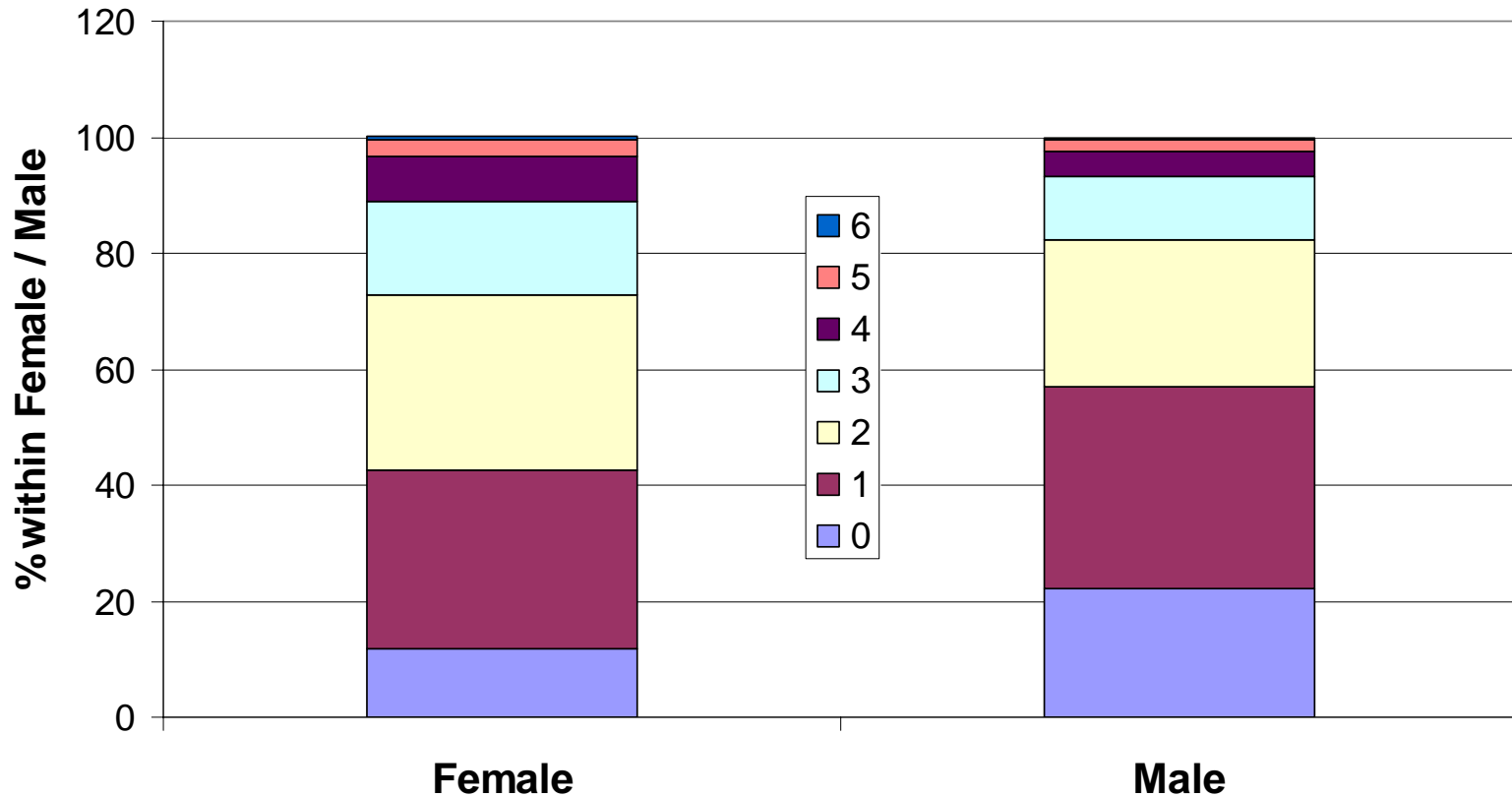
# Thank You !

# Back up slides

# ACC/AHA/ESC Stroke Risk



# CHADS2 vs Gender (2)



# Echo Parameters

## Echo parameters (only of recent echo's, maximally

	Female (n=1397)	Male (n=1948)
Left atrial size	46 (16)	46 (9)
LVEDD	50 (7)	55 (8)
LVEDS	34 (8)	40 (10)
LVEF	54 (14)	50 (15)

# aparte dia over hypertensie

- hypertensie belangrijke risicofactor
- daarom data over hypertensie toevoegen:
  - HYT, no CHF
  - HYT, complicated by heart failure
    - with normal EF (or DCM)
    - with low EF
  - RR
  - inclusief echo data in de hypertensie populatie (LA size, LVH ja/nee)
- NB het feit dat vrouwen minder agressief behandeld worden kan ook te maken hebben met feit dat zij vaker (diastolic) heart failure hebben

- hartfalen uitsplitsen naar diastolic en systolic heart failure, aan de hand van EF en indien niet EF onbekend, afgaan op DCM ja/nee(=diastolic heart failure)
- vrouwen (zeker de oudere vrouwen) zijn veel vaker behept met diastolisch hartfalen hetgeen – zodra er een asthma cardiale geweest is - eenzelfde slechte prognose heeft als HF met lage EF

- HF in de setting van
  - HYT
  - CAD
  - VHD
- ik vermoed dat hier verschillen zitten

# Multivariate Analysis of Rhythm Management Strategy

Female gender was significantly associated with rate control  
?????

Gender did not play a significant role in predicting ..... with multivariate logistic regression:

OR = 0.92 (0.77-1.1); p=0.391

- plaatje laten zien met stroke risk versus CHADS2 score
- actuele stroke/TIA rate versus CHADS2 in survey

# Diagnostic procedures ordered in first detected AF of recent onset

- het idee is dat vergeleken met bijvoorbeeld andere vormen van AF er meer tests gevraagd worden voor 1<sup>st</sup> detected AF (uitgaande van de groep waar AF ook nog maar kort geleden ontdekt is (bijvoorbeeld < 1 maand))
- wellicht dat vrouwen daar slechter uitkomen dan mannen
- blijkt geen essentieel verschil te laten zien

- hypertensie belangrijke risicofactor
- daarom data over hypertensie toevoegen:
- hypertensie behandeling inclusief de RR bij inclusie inclusief echo data (LA size, LVH ja/nee, Hyt complicated by heart failure with normal EF or low EF
- het feit dat vrouwen minder aggressief behandeld worden kan ook te maken hebben met feit dat zij vaker (diastolic) heart failure hebben

- admissions in last year ?
- continued rhythm control, change to rate control, continued rate control