A Patient with Chest Pain and Atrial Fibrillation

ACCA Masterclass 2017

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Declaration of Interest

Lecturing & Consulting Activities:

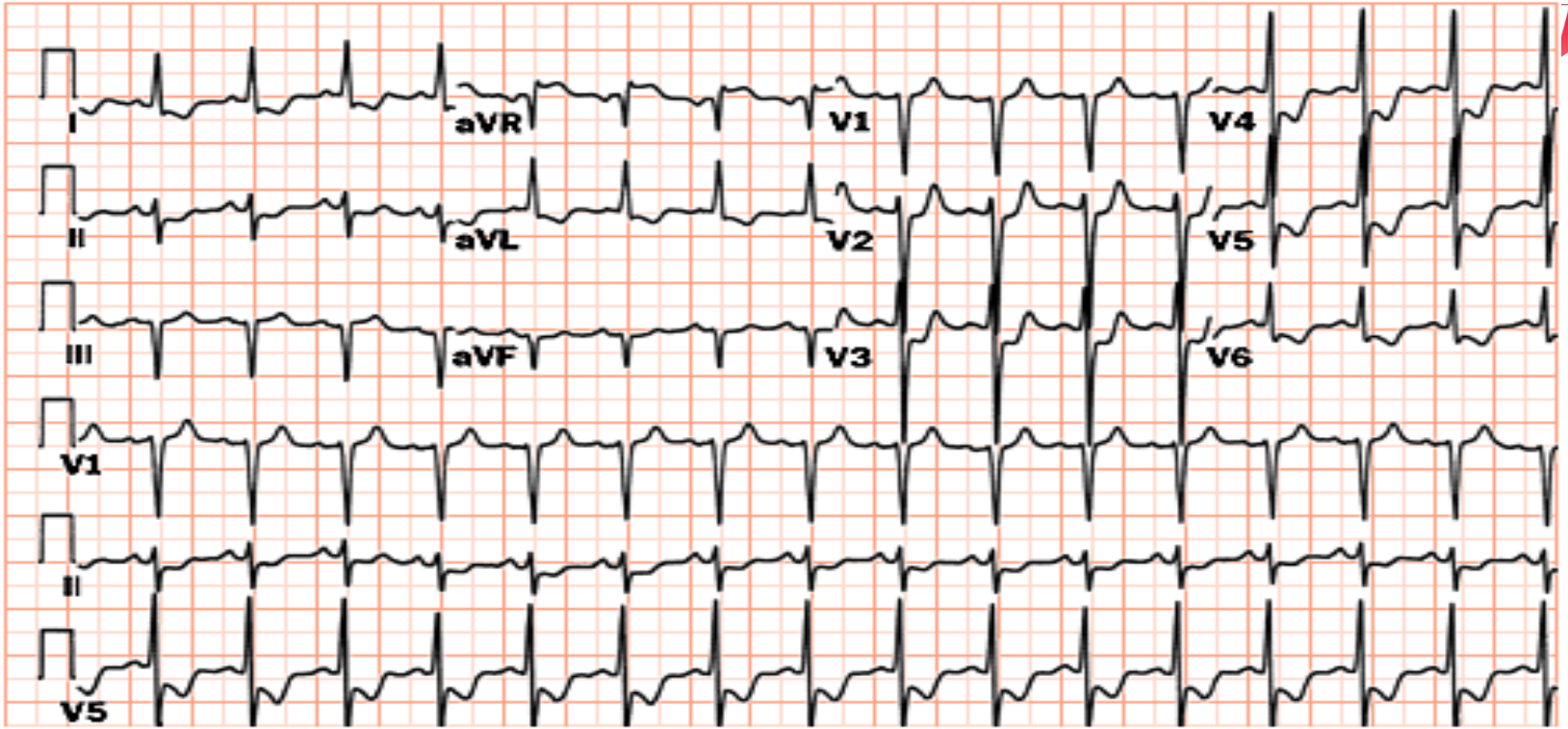
AstraZeneca, Boehringer-Ingelheim, Bristol-Myers Squibb,

Daiichi Sankyo, Pfizer, Sanofi Aventis

Case Report

- 76-yr old woman
- Risk Factors
  - Hypertension since 10 years
  - Moderate hyperlipidemia
  - Current smoker
- Paroxysmal atrial fibrillation since 10 years (8-10 x/yr)
- Arrives the hospital with ongoing chest pain since 6 hours
- Current therapy
  - Beta blocker, ACE-inhibitor, statin, aspirin (100 mg/d)

ECG



Laboratory Results

Hs-cTnI	245 ng/ml	(<14)
Total-Chol	215 mg/dl	(<200)
LDL-C	117 mg/dl	(<135)
HDL-C	47 mg/dl	(>60)
eGFR	45 ml/min/1.73m2	(>60)

Stroke Risk (CHADsVASC-Score)

4

Component	Points
CHF or LV dysfunction	1
Hypertension	1
Age ≥75 years	2
Diabetes	1
Stroke/TIA/TE	2
Vascular disease	1
Age 65–74	1
Sex category (female)	1

CHF = congestive heart failure; LV = left ventricular;
TIA = transient ischaemic attack; TE = thromboembolism;
OAC = oral anticoagulant;

Bleeding Risk (HASBLED-Score)

3

Letter	Clinical characteristic[a]	Points awarded
H	Hypertension	1
A	Abnormal renal and liver function (1 point each)	1 or 2
S	Stroke	1
B	Bleeding	1
L	Labile INRs	1
E	Elderly (e.g. age >65 years)	1
D	Drugs or alcohol (1 point each)	1 or 2
		Maximum 9 points

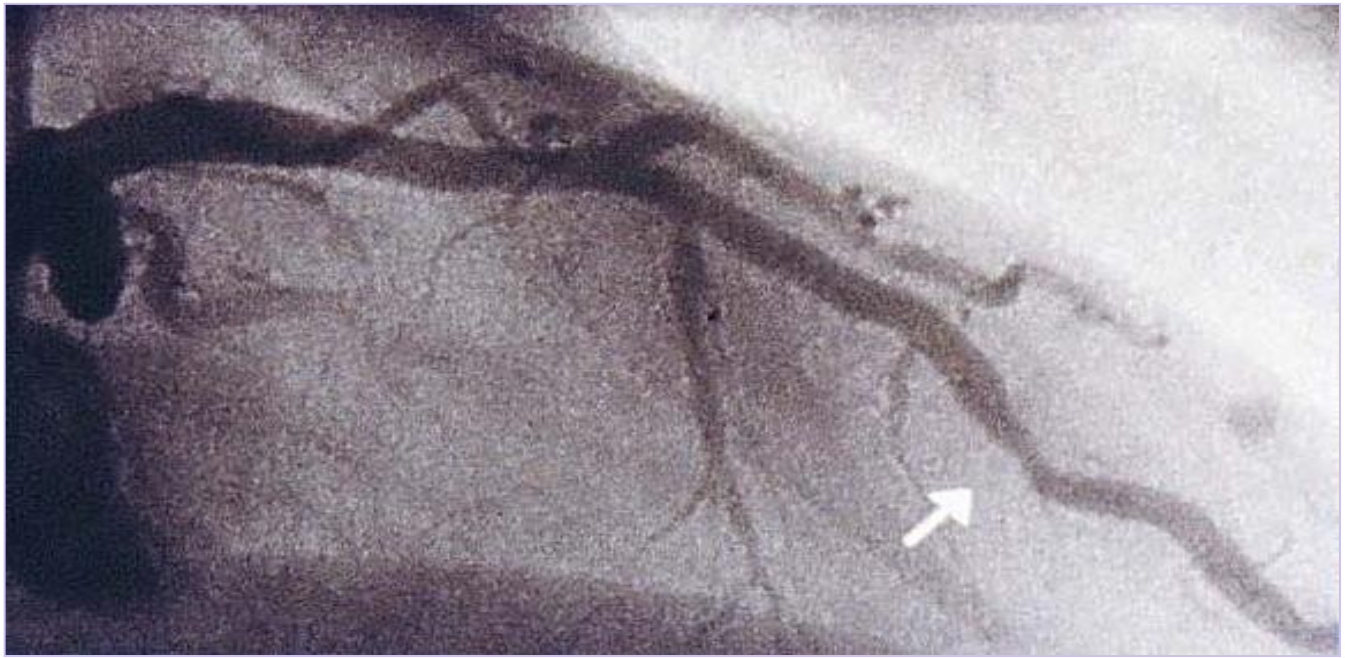
What is your preferred strategy?

- Pharmacologic stabilization and stress testing during the hospital stay, angiography only when stress testing is positive
- Coronary angiography within 72 hours
- Coronary angiography within 24 hours

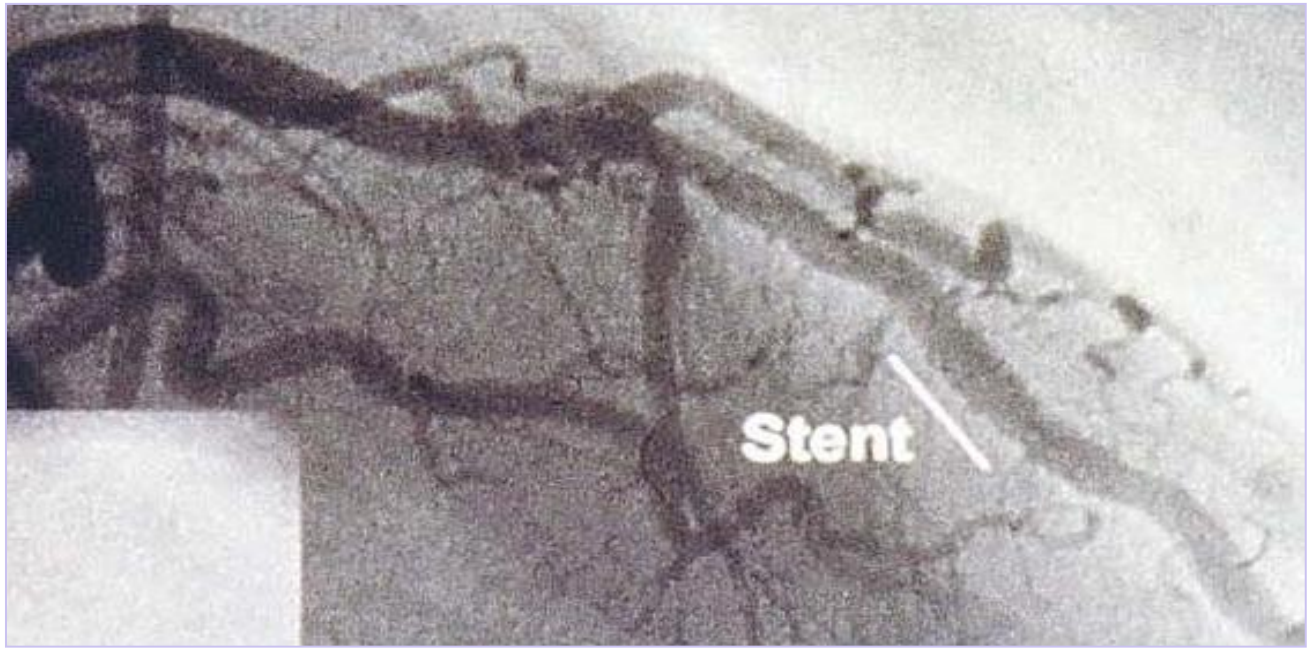
What was our preferred strategy?

- Pharmacologic stabilization and stress testing during the hospital stay, angiography only when stress testing is positive
- Coronary angiography within 72 hours
- **Coronary angiography within 24 hours**

CAG



CAG after CPI and Stenting



What is your antithrombotic strategy?

- Aspirin plus Ticagrelor
- Aspirin plus Ticagrelor plus a NOAC
- Aspirin plus Clopidogrel plus a NOAC
- Aspirin plus Clopidogrel plus VKA
- Clopidogrel plus a NOAC

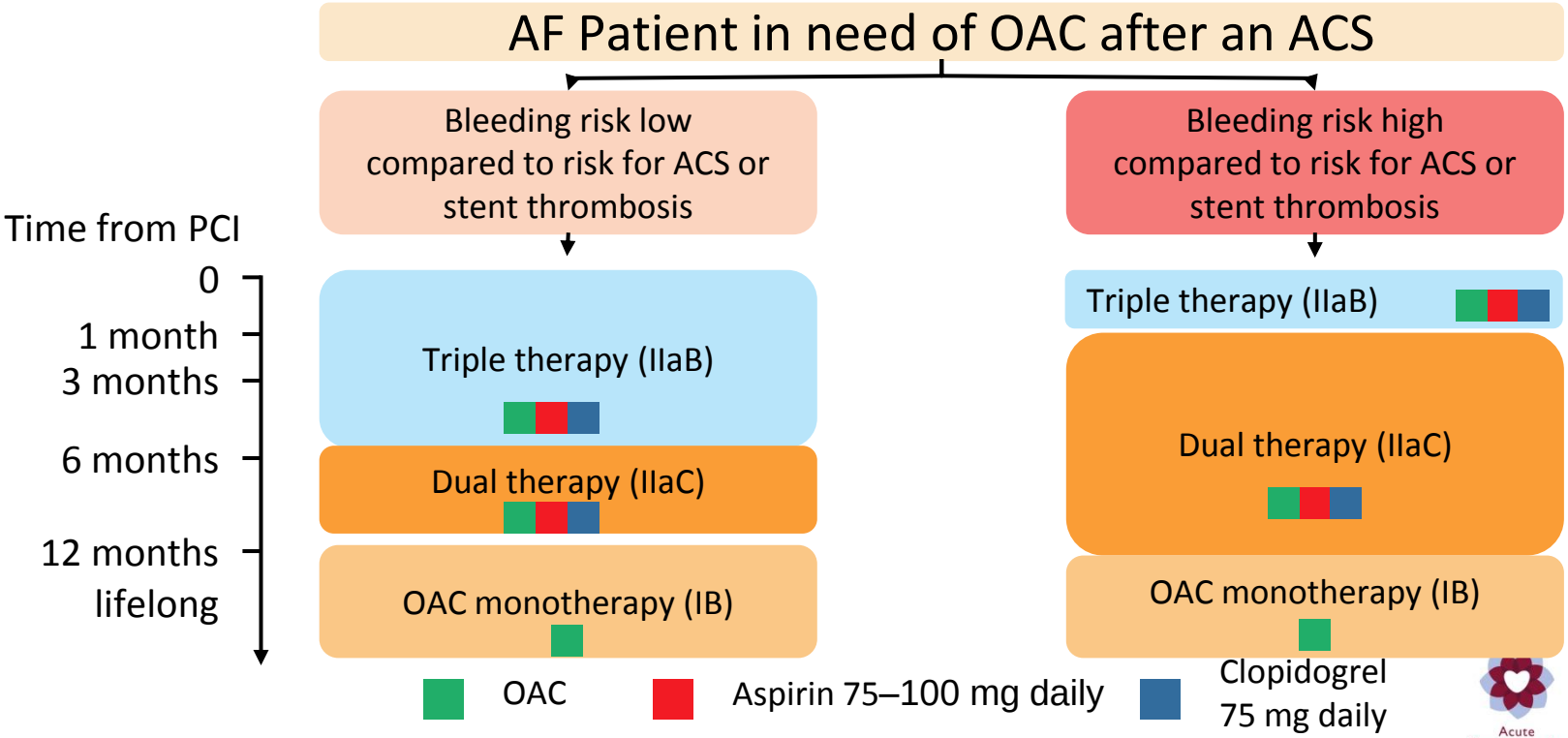
What was our antithrombotic strategy?

- Aspirin plus Ticagrelor
- Aspirin plus Ticagrelor plus a NOAC
- **Aspirin plus Clopidogrel plus a NOAC**
- Aspirin plus Clopidogrel plus VKA
- Clopidogrel plus a NOAC

What is the duration of DAPT plus NOAC/VKA?

- 1 month, then dual therapy up to 12 months, then NOAC only
- 6 months, then dual therapy up to 12 months, then NOAC only
- 12months, then NOAC only

Antithrombotic therapy after PCI in ACS and atrial fibrillation patients requiring anticoagulation



Kirchoff et al. Eur Heart J 2016

What is the duration of DAPT plus NOAC/VKA?

- **1 month, then dual therapy up to 12 months, then NOAC only**
- **6 months, then dual therapy up to 12 months, then NOAC only**
- **12months, then NOAC only**

Atrial Fibrillation Guidelines 2016

- **The use of all oral anticoagulants is possible (VKA, NOACs)**
  - If VKA: INR 2,0-2,5
  - If NOAC: lower effective dose (2x110 mg dabigatran, 1x15 mg rivaroxaban, 2x2,5 mg apixaban, 1x30 mg edoxaban)

- **Do NOT USE second generation $P2Y_{12}$-inhibitors in combination with OAC**

- **Newer generation DES (preferable) or BMS can be used in patients with AF undergoing coronary stenting**

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- Age ≥ 75 years
- OAC planned after PCI
- Baseline Hb < 11g / dl or transfusion during prior 4 weeks
- Planned major surgery (within next year)
- Cancer diagnosed or treated ≤ 3 years
- Creatinine clearance < 40 ml / min
- Hospital admission for bleeding during past year
- Thrombocytopenia (< 100.000 / mm3)
- Any prior intra-cerebral bleed
- Any stroke during the past year
- Severe liver disease
- NSAID or steroids planned after PCI
- Anticipated poor DAPT compliance for other medical reason

Primary Safety EP: cardiac death, MI or stent thrombosis

Primary Efficacy EP: clinically-driven TLR (both at 1 yr.)

Urban et al. New Engl J Med 2015

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