Systolic Blood Pressure Variability and Major Adverse Outcomes in Patients with Atrial Fibrillation: The AFFIRM Study
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Consulting fee from Boehringer Ingelheim
Declaration of interest

- Consulting/Royalties/Owner/ Stockholder of a healthcare company (Small consulting from Boheringer Ingelheim)
Declaration of Interest

- **BO**: Consulting fees from Lundbeck, Amarin, and Boehringer Ingelheim.
- **GYHL**: Consultant for Bayer/Janssen, BMS/Pfizer, Biotronik, Medtronic, Boehringer Ingelheim, Microlife and Daiichi-Sankyo. Speaker for Bayer, BMS/Pfizer, Medtronic, Boehringer Ingelheim, Microlife, Roche and Daiichi-Sankyo. No fees are received personally.
Background

• Hypertension is a major determinant of stroke and major bleeding in patients with atrial fibrillation (AF)

• Systolic blood pressure visit-to-visit variability (SBP-VVV) has been found to be a strong predictor of major adverse outcomes in non-AF cohorts

• Data on SBP-VVV in AF patients are currently not available
Purpose and key points about methods

• To evaluate the relationship between SBP-VVV and clinical outcomes in patients with AF
• Data from the AFFIRM trial were used
• SBP-VVV was defined according to the standard deviation of SBP measurements from baseline to follow-up
• Stroke and Major Bleeding were considered as outcomes
Results

- Stroke and major bleeding rates progressively increased according to SBP-VVV quartiles
- A fully adjusted multivariate regression analysis confirmed that highest tertiles of SBP-VVV were associated independently with a higher risk for stroke and major bleeding
Conclusions

• In long term follow-up, SBP-VVV is a potent predictor of stroke and major bleeding in patients with AF