



Research Article

A STUDY OF PREVALENCE, CLINICAL FEATURES, RISK FACTOR ASPECTS AND PROGNOSTICATION OF ATRIAL FIBRILLATION (AF) IN HOSPITALIZED OLDER PATIENTS

Aleem Sarwar^{1*}, B. Shanmukha¹, C. Manisekhar¹, S. Shareen¹, N. Naveena², V.K. Sharuk³

¹Asst. Professor, Dept. of Pharmacy Practice, ²Asst. Professor, Dept. of Pharmacology, Sri Venkateswara College of Pharmacy, RVS, Nagar, Tirupati Road, Chittoor-517 127, Andhra Pradesh, India.

³Clinical Pharmacist, RVS Institute of Medical Sciences, RVS, Nagar, Tirupati Road, Chittoor-517 127, Andhra Pradesh, India.

ABSTRACT

Introduction: A common and abnormal heart rhythm or Atrial fibrillation (AF) mannerism and major public global health dispute because it is expanding in the risk of heart failure (HF), dementia, stroke, and death. **Aim & objective:** A study of prevalence, clinical features, risk factor aspects and prognostication of atrial fibrillation in hospitalized older patients. **Methodology:** All patients subjected to 14 lead electrocardiogram (ECG) and transthoracic echocardiogram (ECHO) using with Philips iE33 High-Performance Echocardiography machine (which is also called as a premium level cardiovascular ultrasound machine) and Doppler evaluations. **Results:** In this study, dysarrhythmia and Atrial Fibrillation (AF) is the most common clinical feature. And found in 20 of patients majority 18 (90%) who belongs to 55-60 years of age. **Discussion:** Grant V and Curt D Furberg et al demonstrated that normally age is correlated with a high prevalence of so many Atrial Fibrillation including (AF) heart arrhythmia. A study of MD and Michiel Rienstra et al, shown those arrhythmias encountered are the most common in clinical practice were in atrial fibrillation (AF). Amongst the 20 Atrial Fibrillation (AF) patients in this study, where are the rate controlled achieved nearly 16(80%) patients with complete rehabilitation. In this study, fully confiscated Atrial fibrillation (AF) with normal sinus flow in 4 (20%) patients with hyperthyroidism. **Conclusions:** In this study, most belonged 55- patients belonged to 60 – 75 years of age bench with a female preponderance. And that found the most common analytical features and most common valvular deformity. Amongst the 20 of Atrial Fibrillation (AF) patients, out of that full recovery rate control, achievement in 16 patients and rest of indication a better prognostication.

Keywords: Atrial Fibrillation, Clinical Features, Risk Factor Aspects.

INTRODUCTION

Access this article online

Home page:
<http://ijppdr.com/>

DOI:
<http://dx.doi.org/10.21276/ijppdr.2019.9.2.4>

Quick Response
code



Received:25.03.19

Revised:12.04.19

Accepted:22.04.19

Corresponding Author

Dr. Aleem sarwar

Sri Venkateswara College of Pharmacy, RVS, Nagar, Tirupati Road, Chittoor-517 127, Andhra Pradesh, India.

Email : aleempharma30@gmail.com

A common and abnormal heart rhythm or Atrial fibrillation (AF) mannerism and major public global health dispute because it is expanding in the risk of heart failure (HF), dementia, stroke, and death. In the age of 42 years, risk developing for lifetime the remaining Atrial fibrillation (AF) is ≈ 1 in 5 both for white men and women, almost equal lifetime risk for developing and remaining part of immense and geriatric age because of steeply and increasing risk for Atrial fibrillation (AF) with developing age (commensurate lifetime increasing risk in men and women because of high durability of women). A large number and available studies about the clinical features, and incidence, and risk factor figure and abundant studies are available about the Incidence, Clinical Features, Risk

Factor profile of Atrial Fibrillation (AF) and forecasting in Hospitalised older ages patients in the western urban population [1].

Aim & objective

A study of prevalence, clinical features, risk factor aspects and prognostication of atrial fibrillation in hospitalized older patients.

RESEARCH METHODOLOGY

This study was carried out and conducted in the middle of the admitted with dysarrhythmias patients in a chronic care unit (CCU) and intense care unit (ICU) of RVS Medical College of Hospital, RVS, Nagar, Chittoor, Andhra Pradesh.

METHODS

ECG has done with a minimum of 100 patients and cardiac arrhythmias changes were recorded for the study. And subsequent investigations detailed were done after clinical evaluations.

1. Complete blood count (CBC) with erythrocyte sedimentation rate (ESR).
2. Fasting blood sugar (FBS), post prandial blood sugar (PPBS), random blood sugar (RBS).
3. Fasting thyroid profile (FTP).
4. Fasting lipid profile (FLP).
5. Serum creatinine, Blood urea nitrogen (BUN), Serum electrolytes.
6. Cardiac enzymes, Chest X-ray.
7. All patients subjected to 14 lead electrocardiogram (ECG) and transthoracic, echocardiogram (ECHO) using

with Philips iE33 High-Performance Echocardiography machine (which is also called as a premium level cardiovascular ultrasound machine) and Doppler evaluations [2].

Study Type: Descriptive Cross Sectional Study.

Inclusion Criteria:

Male and female both sexes of age above 55 years along with echocardiogram (ECG) changes of cardiac arrhythmia (irregular heartbeat) were appropriated.

RESULTS AND OBSERVATION

- All most (85%) patients belong to 55-76 years of age groups.
- The total patient's number of the males was 11 (55%) and female were 9 (45%).
- The most common palpitation was (90%) and weakness or deficiency of the limb least common (15%) clinical and therapeutical feature.
- The most common Rheumatic Heart disease (RHD) was found to be a risk factor observed in 8 (40%) patients.
- Other most important Hyperthyroidisms and Hypertension risk factor were found to be each accounting for 5 (25%) patients.
- The most common seen in Rheumatic Heart Disease (RHD) 6 (30%) patients and rate of control was accomplished in 18 (90%) patients.

Complete rehabilitation and recovery in 2 (10%) hyperthyroidism patients with hyperthyroidism and Atrial fibrillation (AF) and Alcohol consumption induced.

Table 1. Based on age wise distribution

S.No	Age in years	Numer of cases	Percentage (%)
1	55 – 60 years	9	45
2	61– 65 years	7	35
3	66–70 years	2	10
4	71 – 75 years	1	5
5	> 76 years	1	5

Table 2. Based on gender wise distribution

S.No.	Gender	Number of cases	Percentage (%)
1	Male	11	55
2	Female	9	45

TABLE 3. Clinical factor

S.No	Clinical factor	Number of cases	Percentage (%)
1	Heart Palpitation	18	90
2	Shortness of breath (Dyspnea)	15	75
3	Imprecise (Giddiness)	14	70
4	Pleuritis (Chest Pain)	12	60
5	Fatigue (Fatiguability)	11	55
6	Orthopnea	8	40

7	Leg abscess	6	30
8	Depreciate urine output	5	25
9	headache	4	20
10	Paroxysmal Nocturnal Dyspnea	4	20
11	Limb deficiency	3	15

Table 4. Risk aspect

S.No.	Risk aspects	Number of cases	Percentage (%)
1	Hypertension	4	20
2	Rheumatic heart disease	9	45
3	Coronary Artery Disease	2	10
4	Alcohol Consumption	1	5
5	Hyperthyroidism	4	20

Table 5. Prognostication

S.No.	Prognostication	Number of Cases	Percentage (%)
1	Controlled	16	80
2	Recovered	4	20

RESULTS

In this study, dysarrhythmia and Atrial Fibrillation (AF) is the most common clinical feature. And found in 20 of patients majority 18 (90%) who belongs to 55-60 years of age [3]. and where males 11 (55%) and females 9 (45%). heart Palpitation (90%) which was the most common and deficiency of limb weakness which was the very smallest observational (15%) clinical feature range. the most common risk factor was found and observed in Rheumatic Heart disease (RHD) in 9 (45%) patients. including other crucial risk factors as a Hyperthyroidism and Hypertension every accounting for 4 (20%) patients. And 20 patients of Atrial Fibrillation (AF), patients achieved rate controlled 16 (80%) patients and completely rehabilitated with comfortable [4].

DISCUSSION

Grant V and Curt D Furberg et al demonstrated that normally age is correlated with a high prevalence of so many Atrial Fibrillation including (AF) heart arrhythmia. A study of MD and Michiel Rienstra et al, shown those arrhythmias encountered are the most common in clinical practice were in atrial fibrillation (AF) [5]. In the study, the most Atrial fibrillation (AF) was common arrhythmia encountered seen in 20 patients where is (11 males and 8 females) and out of 100 patients with cardiac dysrhythmia [6]. The MD and Michiel Rienstra et al, shown that palpitation symptoms are most common. In this study, limb deficiency or limb weakness was the least common (15%) and the most common was Palpitation which is (100%) clinical aspects. Raj Datt D. et al, the study shown cause of hypertension is nonvalvular Atrial Fibrillation (NVAF) is predominates expected due to Rheumatic heart disease

(RHD) [7]. In this study, we were found the most common seen risk factor which is Rheumatic Heart disease 9 (45%) patients. And K-H Yiu et al, study done and shown in the patients with amendment of heart haemodynamic, hypertension, structural and electro-physiological appoint study done by K-H Yiu et al showed that in patients with hypertension, alteration of cardiac hemodynamic, structural and electrophysiological properties by left ventricular hypertrophy (LVH) and hypertension can develop with contribution of ventricular arrhythmia, specific carbohydrate diet (SCD) and Atrial Fibrillation (AF) [8]. In this study, other crucial risk factors for hypertension and include Atrial fibrillation (AF) and the development of hyperthyroidism every calculation of patient which is 4(20%). Amongst the 20 Atrial Fibrillation (AF) patients in this study, where are the rate controlled achieved nearly 16 (80%) patients with complete rehabilitation [9]. In this study, fully confiscated Atrial fibrillation (AF) with normal sinus flow in 4 (20%) patients with hyperthyroidism [10].

CONCLUSION

In this study, most belonged 55- patients belonged to 60 – 75 years of age bench with a female preponderance. And that found the most common analytical features and most common valvular deformity. Amongst the 20 of Atrial Fibrillation (AF) patients, out of that full recovery rate control, achievement in 16 patients and rest of indication a better prognostication [11]. Hyperthyroidism and atrial fibrillation (AF), Alcohol consumption induced were founded to completely changeable cause in Atrial Fibrillation (AF) [12].

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Cite this article:

Aleem sarawr, Shanmukha B, Manisekhar C, Shareen S, Naveena N, Shahrukh V. A Study Of Prevalence, Clinical Features, Risk Factor Aspects And Prognostication Of Atrial Fibrillation (AF) In Hospitalized Older Patients. *International Journal of Pharmacy Practice and Drug Research*, 2019;9(2):33-36. DOI: <http://dx.doi.org/10.21276/ijppdr.2019.9.2.4>



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