BÖLÜM **46**

Atriyal Fibrilasyonda Medikal Tedaviyle Hız Kontrolü

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GİRİŞ

Atriyal fibrilasyonlu (AF) hastalarda ventriküler hız, atriyoventriküler nodun iletim özelliklerince kontrol edilir. Tedavi edilmemiş AF' li tipik bir hastada ventriküler hız dakikada 150 atım ve üzerine çıkabilir. AF' li hastada medikal tedaviyle uzun süreli ventriküler hız kontrolü; semptomların önlenmesi, hemodinamik kararlılığın devamı, kendiliğinden sinüs ritmine dönüş(1,2), taşikardiyomiyopatinin engellenmesi, potansiyel mortalite faydasını amaçlar. AF' li hastalarda optimal hız hedefi belirlenmemiştir(3). Sinüs ritminde olan kalp hastalarına tavsiye edilen hızlara benzer seviyedeki hızların; istirahat halinde dakikada 80 atımın altında, 6 dakikalık bir yürüyüş gibi hafif egzersizde dakikada 110 atımın altında olması önerilmiştir. Benzer hedefler, AFFIRM gibi pek çok hız kontrolümü? ritim kontrolümü? çalışmasında kullanılmıştır (4). RACE II çalışmasında 614 fiziki açıdan aktif AF' li hasta ; istirahat anında dakikada 110 atımdan düşük, istirahat anında dakikada 80 atımdan düşük; ılımlı ve sıkı hız kontrolü olarak iki gruba ayrılmış, birincil sonuçlar; kardiyovasküler ölüm, inme, sistemik embolizasyon, kanama, kalp yetmezliği nedeniyle hastaneye yatış yönünden fark izlenmemiştir(5). Takipte Ilımlı ve sıkı hız kontrolü grubunda, dakikada 93 ve 72 atım tespit edildi(6).

FARMAKOLOJİK TEDAVİ

AF' li hastada ventriküler hız kontrolü; beta blokerler, kalsiyum kanal blokerleri, Digoksin, Amiodaron gibi atriyoventriküler(AV) nod boyunca iletimi fizyolojik mekanizmalarla yavaşlatan ilaçlarla sağlanır(7,8).

BETA BLOKERLER

Beta blokerlerle sempatik tonus azalır, AV nodal iletim yavaşlar, istirahat halinde ve egzersiz kalp hızı belirgin olarak azalır. Çoğu beta blokerler benzer etkinliğe sahiptir. Beta blokerler AF' li hastalarda ventriküler hızın hem akut hem de kronik kontrolü için birincil tedavi olarak yaygın kullanılır. Ventriküler hızın akut

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siyum kanal blokeri % 59, beta blokerle birlikte kalsiyum kanal blokeri ve Digoksin üçlü kombinasyon tedavisi % 76 etkinliğe sahiptir(59). Bu çalışmanın, özel hız kontrol ilaçlarının rastgele verilmemesi, kalp atış hızının yetersiz bazal değerlendirilmesi gibi bazı önemli sınırlamaları bulunmaktadır.

SONUÇ

AF'de hız kontrolünün potansiyel yararları bilinmektedir. Bu nedenle, ventriküler hızın akut kontrolünde; beta blokerler, kalsiyum kanal blokerleri, Digoksin, Amiodaron, Magnezyum sülfat' ın İV formları, ventriküler hızın kronik kontrolünde; oral formları tercih edilir. İstenilen ventriküler hız sağlanamazsa; ilaç etkileşimlerinin, ilaç advers etkilerinin ışığında kombinasyon tedavisine gidilir. Hastanın yaşı ve komorbiditesi dikkate alınarak tedavi bireyselleştirilir.

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