

Bölüm 10

ATRİYAL FİBRİLASYON

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GİRİŞ

Atriyal fibrilasyon (AF), toplumda en sık rastlanılan, hastanede yatışa en sık neden olan ve tedavi edilen aritmidir. Atriyal fibrilasyon tüm nüfusun %1-2'sini etkilemektedir, insidans ve prevalansı giderek artmaktadır (ball & ark., 2013). Yaş arttıkça sıklığı artmakta olan AF'nin prevalansı 40-50 yaşlarında <%0.5 iken; 80 yaş üzerinde prevalans %5-15'tir. Erkeklerde kadınlara göre daha sıktır (stewart & ark., 2001).

ATRİYAL FİBRİLASYON İLE İLGİLİ KARDİYOVASKÜLER OLAYLAR

AF, tüm nedenli ölüm riskinde kadınlarda 2 kat, erkeklerde 1.5 kat artış ile bağımsız olarak ilişkilidir (andersson & ark., 2013). Aritmi nedeniyle hastaneye yatışların %33'ünden sorumlu olan AF, inme riskinde yaklaşık beş kat ve tüm nedenli mortalitede iki kat artışla ilişkilidir (Lloyd-Jones & ark., 2009). Antikoagulan kullanımı ile inme nedenli ölüm azalmakla birlikte, mevcut kanıtlara uygun tedaviye rağmen kalp yetmezliği ve ani ölüm gibi diğer kardiyovasküler ölüm-lerin sıklığı sürdürmektedir (Kotecha & Kirchhof, 2014). Eş zamanlı çalışmalar, iskemik inmeli hastaların %20-30'nun indeks olay öncesi, sırası yada sonrasında AF tanısı aldığını göstermektedir (Kishore & et al, 2014). Beyin beyaz cevher lezyonları, kognitif işlevlerde bozulma (Knecht & et al, 2008), yaşam kalitesinde azalma (Marzona & et al, 2012) ve depresif duygudurum (von Eisenhart Rothe & et al, 2015) AF'li hastalarda sık rastlanır .

ATRİYAL FİBRİLASYON MEKANİZMA VE FİZYOPATOFİZYOLOJİ

Genetik Yatkınlık

Özellikle erken başlangıçlı AF, eşlik eden kardiyovasküler durumlardan bağımsız olarak güçlü bir kalıtsal bileşene sahiptir (Oyen & et al, 2012). Kısa ve uzun QT sendromları ve Brugada sendromu çoğunlukla AF'yi içeren supraventriküler aritmilerle ilişkilendirilmektedir (Kirchhof & et al, 2009). Hipertrofik kar-

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Tablo 5. Sinüs ritmini korumada kullanılan oral antiaritmik ilaçlar

İlaç	Doz	Kontraendikasyon	Kesilmesi gereken bulgular
Amiodaron	4 hafta 600 mg/gün, 4 hafta 400 mg/gün, sonra 200mg/gün	SAN veya AV nod, ileti bozukluğu olan ve QT uzatan ilaçlarla eş zamanlı kullanımda dikkatli olunmalı	QT uzaması >500msn
Dronedaron	400 mg b.i.d	NYHA III- IV KY ve CrCl<30 mg/ml ise kontraendikedir	QT uzaması >500msn
Flekainid	100-150 mg b.i.d	CrCl<50 mg/ml, kc hastalığı, İKH varsa, LVEF azalmışsa kontraendike	QRS süresi başlangıç değerinin >%25 üzerine çıkması
Flekainid SR	200mg/gün		
Propafenon	150-300 mg t.i.d	İKH ve LV ejeksiyonu azalmasında kontraendikedir	QRS süresi başlangıç değerinin >%25 üzerine çıkması
Propafenon SR	225-425 mg b.i.d		
Sotalol	80-160 mg b.i.d	LV hipertrofisi, sistolik KY, astım, QT uzunsa, hipokalemi, CrCl<50 ise kontraendikedir.	QT intervali >500msn, >60 ms QT uzaması

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