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BÖLÜM

ATRİAL FİBRİLASYON HT TEDAVİSİ

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GİRİŞ

Hipertansiyon (HT) gelişmiş ülkelerde erişkin popülasyonunun %20-50 'sini etkileyen en yaygın kardiyovasküler hastalıktır. Hipertansiyon prevalansı yaşla birlikte artmakta olup 50 yaşından sonra görülme sıklığı %50 yi geçmektedir. Atriyal fibrilasyon (AF) klinik olarak anlamlı en yaygın kardiyak aritmidir. Yüksek mortalite ve morbidite ilişkisi nedeniyle hasta ve sağlık ekonomisi için büyük bir yük oluşturmaktadır. Tahmin edilen prevalans %2-4 arasında olup yükselen ortalama ömür süresi ve yaygınlaşmakta olan dijital sağlık teknolojileri ile 2-3 kat artış beklenmektedir(1). Subklinik veya klinik organ hasarına neden olan hipertansiyon, diabetes mellitus, obezite, uyku apnesi, metabolik sendrom, yaş, sol ventrikül hipertrofisi (LVH), koroner arter hastalığı, kalp yetmezliği AF gelişimi için başlıca risk faktörleridir. HT tek başına AF riskini yaklaşık iki kat artırır (2). Genel toplum popülasyonunda yüksek HT prevalansının dışında diğer risk faktörlerinden daha fazla AF gelişiminden sorumludur. HT genellikle AF'la ilişkili birçok durumda bir arada bulunur. İnme hastalarının %72'sinde, kronik böbrek hastalığının %82'sinde, diyabetiklerin %77'sinde, koroner arter hastalığının %73'ünde, kalp yetmezliği hastalarının %71'inde ve metabolik sendromun %62'sinde HT birlikteliği vardır (3). Uzun süreli HT, özellikle suboptimal kontrol edilirse LVH'ne, sol atriyumda yapısal değişiklik ve genişlemeye, atriyal iletimde heterojenite ve fibrozise yol açarak AF gelişimine katkıda bulunabilir (4). Nitekim AF ile yapılmış büyük çalışmalarda HT birlikteliği %49 ile %90 arasında değişmektedir (5). HT bilindiği üzere kronik böbrek yetmezliği (KBY) için önemli bir risk faktörüdür. Yapılan son çalışmalar HT hastalarındaki böbrek fonksiyon testlerindeki bozulmanın yeni AF gelişimi için LVH ve sol atriyal genişlemeden bağımsız olarak güçlü bir prediktör olduğunu göstermektedir (6).

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