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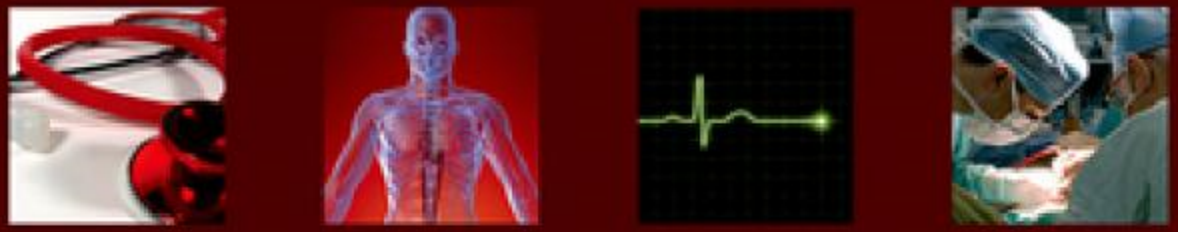

Management of Atrial Fibrillation

A Practical Approach

Edited by

MOHAMMAD SHENASA

A. JOHN CAMM

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Management of Atrial Fibrillation

A Practical Approach

Edited by

Mohammad Shenasa MD

Attending Physician
Department of Cardiovascular Services
O'Connor Hospital;
Heart & Rhythm Medical Group
San Jose, CA, USA

A. John Camm MD

Professor of Clinical Cardiology
Department of Clinical Sciences
St George's and University of London
London, UK

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4.6 **Atrial fibrillation and coronary artery disease including acute myocardial infarction**

CAD is another major risk factor for AF and increases the risk of AF by four- to fivefold. AF in the setting of chronic CAD and previous myocardial infarction (presence of scar tissue)

is a dangerous combination that promotes malignant ventricular arrhythmias and increases the risk of SCD.

AF is a common complication of acute myocardial infarctions (occurring in 6–13% of patients presenting with acute myocardial infarction) and poses an increased risk of morbidity, mortality, prolongs the hospital stay, and may facilitate spontaneous initiation of ventricular tachyarrhythmias. Pedersen et al. (2006) reported that AF and atrial flutter following acute myocardial infarction increase the risk of both sudden and non-sudden cardiovascular death. The combination of CAD and AF also complicates the antithrombotic management strategy for both conditions. AF management with antiarrhythmic therapy in this setting increases the risk of proarrhythmias and SCD. This relationship is further complicated in the setting of acute myocardial infarction. Berton et al. (2009) recently reported on a 7-year follow-up of the adverse effect of AF during acute myocardial infarction. The study comprised 505 patients who were admitted to intensive care units with definite acute myocardial infarction. After adjusting for other co-risk factors, incident AF or atrial flutter was associated with poor prognosis in long-term follow-up, specifically an increased risk of SCD. Management strategies should focus on prevention of AF and atrial flutter in this setting including antiarrhythmic therapy, antithrombotic therapy, and ICD therapy for patients at high risk of SCD. (See Chapter 5.)

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