med.congress 2016

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Ein Patient mit Vorhofflimmern, was nun?

med.congress III 2016

AVA

- 10:30 Uhr
- Die Patientin klagt über Palpitationen…
  Erstmaliges Auftreten der Symptome
- Letzte Nacht Party mit viel Alkohol (eine Flasche Wein, mehrere Gläser Sekt, 3-4 Shots)

Anamnese

- 58 Jahre, weiblich
- 176cm, 68kg (BMI 22)
- Rauchverhalten: 20/die (30py)
- Hypothyreose, Asthma, DM 2, Art. Hypertonie
- Z.n. TE, AE, CHE,

Medikamente

- Ramipril 5mg 1-0-1
- Metformin 500mg 1-0-0
- Euthyrox 75µg 1-0-0
- Berodual-Dosieraerosol bei Bedarf

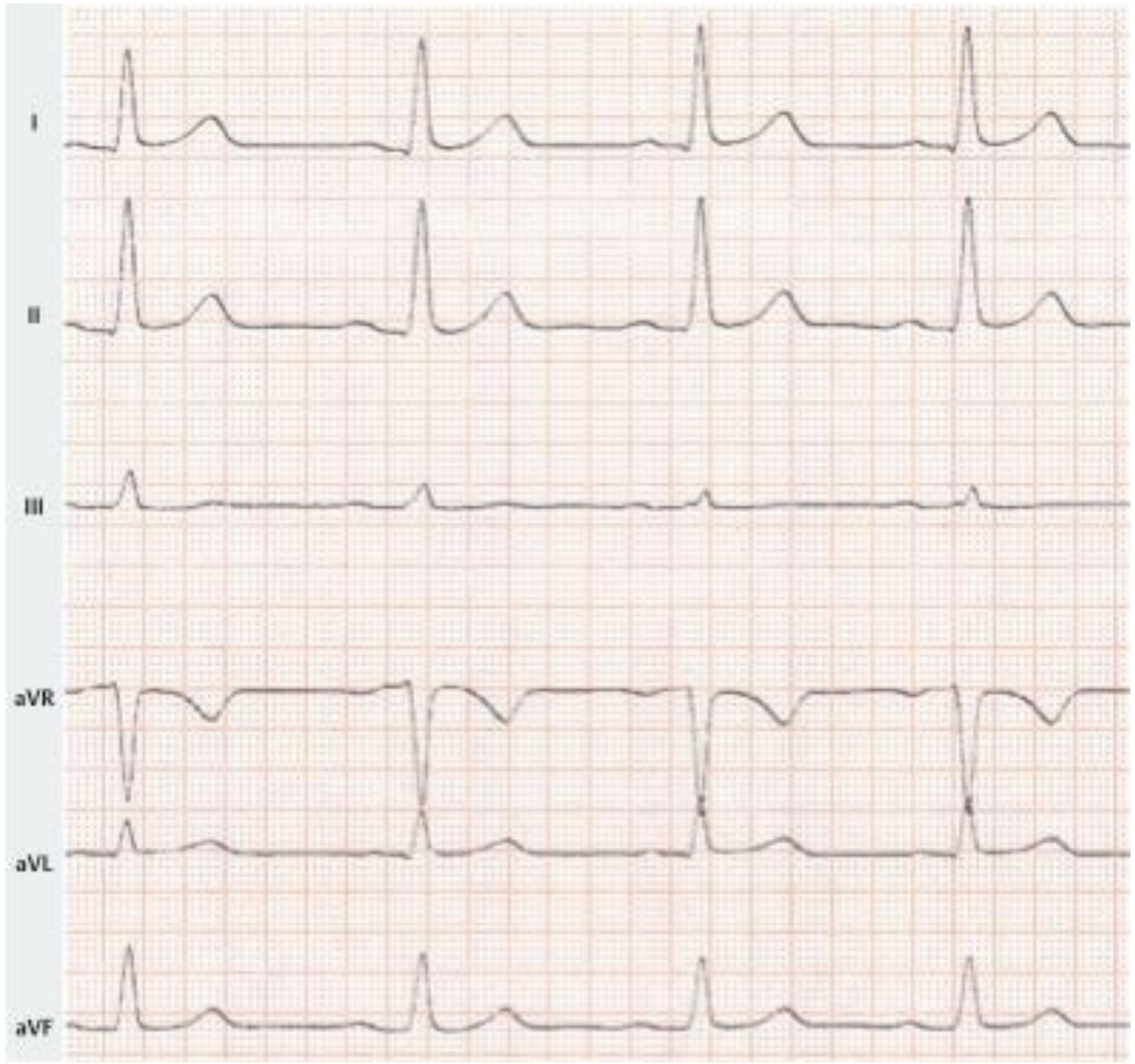
Status

- Neuro: Grob neurologisch unauffällig
- Cor: rein, rhythmisch, normocard, keine Herztöne
- Abdomen: weich, keine AWS, kein DS, rege DG, keine Resistenzen
- Pulmo: leichtes endexspiratorisches Giemen, ansonsten Unauffällig
- RR: 158/87mmHg

Labor

- Bland
- Restalkohol: 0,6 Promille

EKG



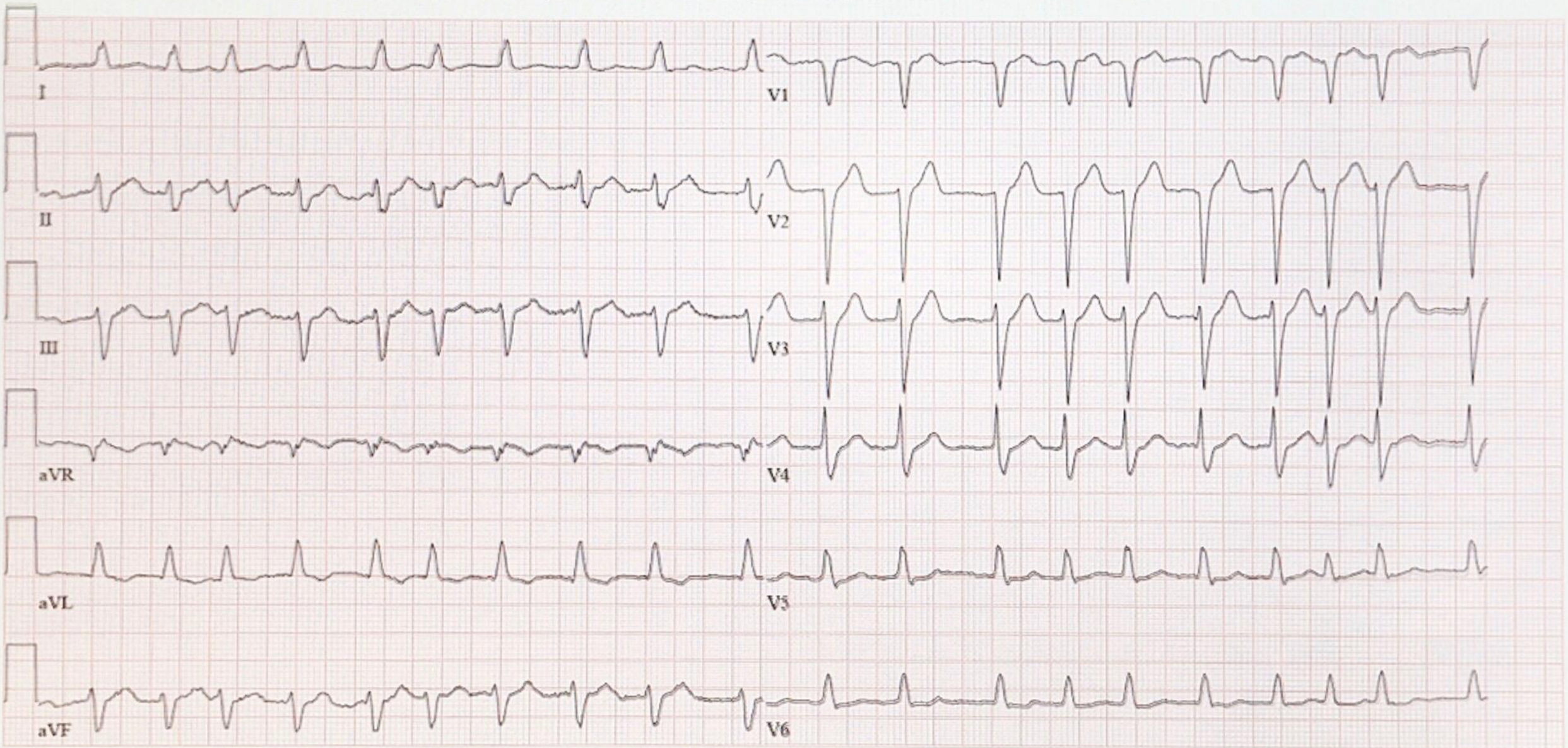
Weitere Untersuchungen

- Ergometrie: unauffällig
- 24h-RR: akzeptable Blutdruckwerte
- 24h-EKG: wiederholte Episoden von VHF ansonsten normofrequenter SR ohne pathologische Pausen (>2,5sek)
- über 30 Sekunden
- Bei der Visite erneut Palpitationen

Vent. freq.	121	S/M
PR-Intervall	*	ms
QRS-Dauer	114	ms
QT/QTc	352/499	ms
P-R-T-Achsen	* -40	88

Bediener:
Indikation:

Überweisender: EKG_STD Ungeprüft



25mm/s 10mm/mV 40Hz 8.0 SP2 12SL 241 Gerät: 116

EID: EDT: AUFTR:

Diagnose:

AF pattern	Definition
First diagnosed AF	AF that has not been diagnosed before, irrespective of the duration of the arrhythmia or the presence and severity of AF-related symptoms.
Paroxysmal AF	Self-terminating, in most cases within 48 hours. Some AF paroxysms may continue for up to 7 days.[a] AF episodes that are cardioverted within 7 days should be considered paroxysmal.[a]
Persistent AF	AF that lasts longer than 7 days, including episodes that are terminated by cardioversion, either with drugs or by direct current cardioversion, after 7 days or more.
Long-standing persistent AF	Continuous AF lasting for ≥1 year when it is decided to adopt a rhythm control strategy.
Permanent AF	AF that is accepted by the patient (and physician). Hence, rhythm control interventions are, by definition, not pursued in patients with permanent AF. Should a rhythm control strategy be adopted, the arrhythmia would be re-classified as 'long-standing persistent AF'.

Diagnose:

Erstdiagnose Vorhofflimmern

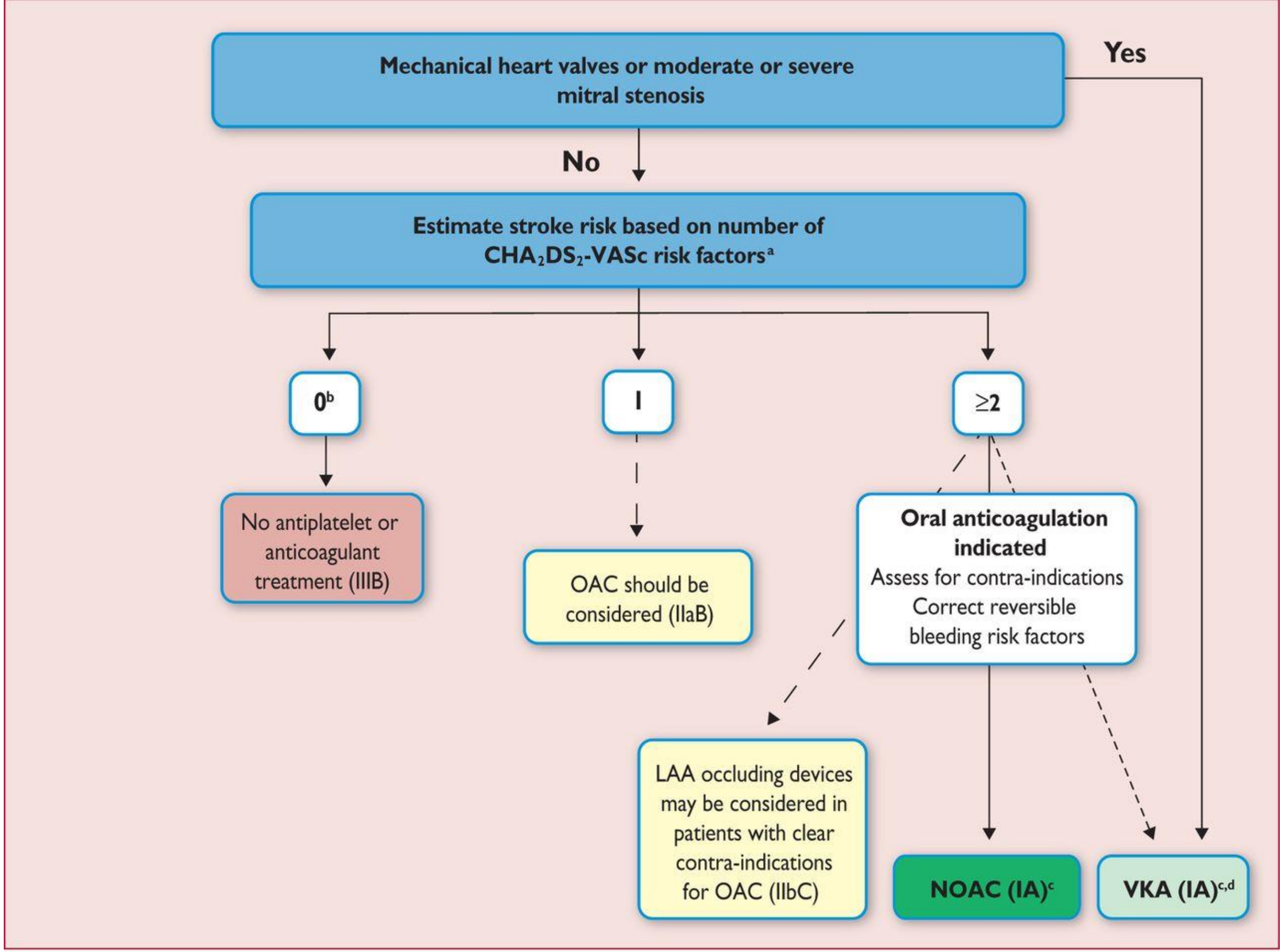
OAK indiziert?

CHA2DS2-VASc-Score:

- C - Herzinsuffizienz (Congestive heart failure)
- H - Hypertonie
- A - Alter (≥75 = 2)
- D - Diabetes Mellitus
- S - Stroke (2 Punkte)
- V - Vaskuläre Erkrankungen
- A - Alter (65 - 74 = 1)
- Sc - Sex Category (W=1, M=0)

- C - Nope
- H - Jup
- A - Nope
- D - Jup
- S - Nope
- V - Nope
- A - Nope
- S - Jup

3 Punkte



AF = atrial fibrillation; LAA = left atrial appendage; NOAC = non-vitamin K antagonist oral anticoagulant; OAC = oral anticoagulation; VKA = vitamin K antagonist.

[a]Congestive heart failure, Hypertension, Age ≥75 years (2 points), Diabetes, prior Stroke/TIA/embolus (2 points), Vascular disease, age 65–74 years, female Sex.

[b]Includes women without other stroke risk factors.

[c]IIaB for women with only one additional stroke risk factor.

[d]IB for patients with mechanical heart valves or mitral stenosis.

Wie ging es weiter?

- Aufklärung über Antikoagulanzien-Therapie
- Neu etablierte OAK - Eliquis 5mg 1-0-1
- Mitgabe des Eliquisausweises
- Concor 5mg 1-0-0 (zur Frequenzregulierung)
- Regelmäßige Kontrollen beim niedergelassenen Internisten werden empfohlen

Fehler?

- Asthma = „relative“ Kontraindikation für β-Blocker
- Calciumantagonisten:
  - Verapamil 80mg 1-0-0

Danke für Ihre Aufmerksamkeit

– Thomas Rieder