

STRIKE BEFORE STROKE

INTERVENING EARLY IN PATIENTS WITH ATRIAL FIBRILLATION



P2P (PEER TO PEER) TELEPHONIC TEACHING ROUNDS UPDATE

CONNECT TO TEACHING ROUNDS

Please refer to your registration confirmation for start time and dial-in number to **connect** to the Teaching Round. Please dial in 5-10 minutes in advance of the time of your scheduled event.

FACULTY



**Jonathan Halperin, MD,
Chair**

Professor of Medicine
Mount Sinai School of
Medicine
New York, NY



**Elizabeth B. Rothlauf, MS,
RN, NP**

The Cardiovascular Institute
Mount Sinai Medical Center
New York, NY



**Robert L. Talbert, PharmD,
FCCP, BCPS**

Professor of Pharmacy
College of Pharmacy
University of Texas at Austin

Professor of Medicine
University of Texas Health Science Center
San Antonio, Texas

PROGRAM OVERVIEW

Led by an expert facilitator, your input and comments will be encouraged throughout this one-hour session. During the session, your group will:

- Discuss recent updates in the management of stroke in patients with atrial fibrillation.
- Confer with an expert and your colleagues regarding challenging patient cases.
- Explore various perspectives in care delivery and address barriers to positive outcomes.
- Engage in active discussion and Q&A with the expert facilitator and the group of your peers.

LEARNING OBJECTIVES

At the conclusion of this activity, participants should be able to:

- Describe practical appropriate risk-stratification strategies for selection of antithrombotic therapy in patients with AF and how to handle the patient with low to moderate risk.
- Communicate with patients the risk and benefits of pharmacological therapy to prevent thromboembolic events in patients with atrial fibrillation.
- Discuss discrepancies in current clinical guidelines for thromboprophylaxis in atrial fibrillation in the context of clinical decision-making.
- Explain the available and emerging therapeutic interventions in terms of prevention of thromboembolic events and risk of major bleeding events.

TARGET AUDIENCE

This activity has been developed to meet the educational needs of physicians and other healthcare professionals who are involved in the care of patients at risk for thromboembolic events.

DISCLOSURE POLICY

All faculty participating in CME/CE activities sponsored by The American Heart Association will disclose to the audience: (1) significant financial relationships with the manufacturer(s) of products from the commercial supporter(s) and/or the manufacturer(s) of products or devices discussed in their presentation and (2) unlabeled/unapproved uses of drugs or devices discussed in their presentation. Such disclosures will be made in writing in the course presentation materials.

CLAIMING CREDIT

To claim credit for participating in this activity, please complete the following steps:

1. Two business days after your event, go to AHA's online CME/CE site "Professional Education Center" at learn.heart.org.
2. Sign in using your AHA Username and Password (*).
3. * If you do not already have an AHA account, one will automatically be created for you after attending your event. You will receive an email with your user name and password and can update your profile information (including username and password) upon initial log in.
4. Once signed-in, you will see the "My Courses" screen.
5. Click "Launch" next to Strike Before Stroke: P2P Telephonic Teaching Rounds.
6. Complete the activity evaluation.
7. Click on the "Claim CME/CE credit" link.
8. Select the type of certificate you need from the drop-down choices.
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10. At this point your course is moved to "My Transcript" and will remain there for future reference.

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ACCREDITATION STATEMENT

Continuing Medical Education Accreditation – Physicians

This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of the American Heart Association and Educational Awareness Solutions®. The American Heart Association is accredited by the ACCME to provide continuing medical education for physicians.

The American Heart Association designates this live activity for a maximum of 1.00 *AMA PRA Category 1 Credits*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Continuing Education Accreditation – Nurses

The American Heart Association is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

The maximum number of hours awarded for this CE activity is 1.00 contact hours. Accredited status does not imply endorsement by the American Heart Association or the American Nurses Credentialing Center of any commercial products displayed in conjunction with an activity.

Continuing Education Accreditation – Pharmacists



The American Heart Association is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. ACPE Credit: 1.00 Contact Hours or 0.100 CEUs. Universal Program Number: 0256-9999-11-649-L01-P.

Successful completion of this CME activity includes the following:

- (1) Register for one live telephonic teaching rounds;
- (2) Participate in the Teaching Rounds;
- (3) Complete the activity evaluation survey online and claim and print your CME/CE certificate.

DISCLOSURE OF CONFLICTS OF INTEREST

The faculty reported the following financial relationships or relationships to products or devices they or their spouse/life partner have with commercial interests related to the content of this CME/CE activity:

Jonathan Halperin, MD, Chair

Consultant/Advisory Board: Astellas Pharma, US., Bayer Health Care, Biotronik, Inc., Boehringer Ingelheim, Bristol-Meyers Squibb, Daiichi Sankyo Pharma, Johnson & Johnson, Pfizer Inc., Protola Pharmaceuticals, Sanofi-aventis
Honoraria: Boehringer Ingelheim, Pfizer Inc., Sanofi-aventis

Elizabeth B. Rothlauf, MS, RN, NP

Nothing to disclose

Robert L. Talbert, PharmD, FCCP, BCPS

Nothing to disclose

The planners and managers reported the following financial relationships or relationships to products or devices they or their spouse/life partner have with commercial interests related to the content of this CME/CE activity:

Name of Planner or Manager	Reported Financial Relationship
Luciano Acevedo, EAS	Nothing to disclose
Elizabeth Aven, AHA	Nothing to disclose
Heather Haley, EAS	Nothing to disclose
James Miller, EAS	Nothing to disclose
Pearl Schwartz, EAS	Nothing to disclose

FEE INFORMATION

There is no fee for CME/CE credits for this activity.

SPONSORSHIP

This activity is jointly sponsored by the American Heart Association and Educational Awareness Solutions™.



COMMERCIAL SUPPORT

This activity is supported by educational grants from Boehringer Ingelheim, Ortho-McNeil, Division of Ortho-McNeil-Janssen Pharmaceuticals, Inc., administered by Ortho-McNeil Janssen Scientific Affairs, LLC, and Bristol-Myers Squibb and Pfizer Inc.



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CASE STUDY—PATIENT: STEPHEN ROBERTSON

Age

68 year old, Caucasian male

Height

6' 3"

Weight

203 lbs

Setting

Dr. Halperin's office. Routine exercise testing as part of executive health evaluation. Patient goes into atrial fibrillation during recovery and is asymptomatic.

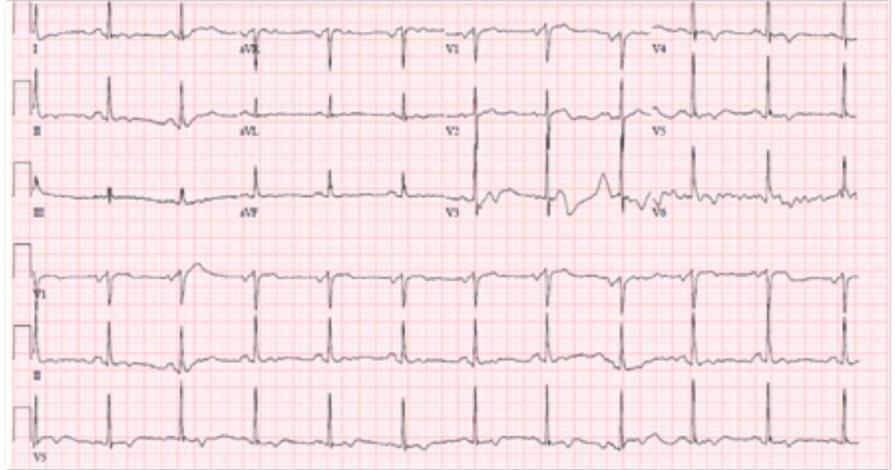
Current Medication

- Valsartan, 80 mg/d
- Hydrochlorothiazide, 25 mg/d
- Metoprolol succinate, 25 mg/d
- Aspirin, 81 mg/d
- Simvastatin, 10 mg/d
- Sertraline, 50 mg/d

Prior Medical History

- Hypertension treated since 1991
- Anxiety and major depressive disorder treated since 2003
- Coronary angiography (2005) after exertional dyspnea
 - Nonobstructive coronary disease, mildly elevated LVEDP (15 mmHg)
 - Normal LV function (ejection fraction 65%)
 - Dyspnea resolved after adding hydrochlorothiazide
- Atrial fibrillation (2007)
 - Single episode, self-limited.
 - Symptoms: palpitation
 - Metoprolol initiated.
 - No subsequent recurrence

Baseline ECG—May 12, 2011



Exercise Echocardiography—May 12, 2011

- 10 minutes according to the Bruce protocol, limited by fatigue at 85% of the maximum predicted heart rate (129 bpm)
- No chest pain or dyspnea
- Occasional PACs, increasing in frequency during exercise
- Physiological BP response

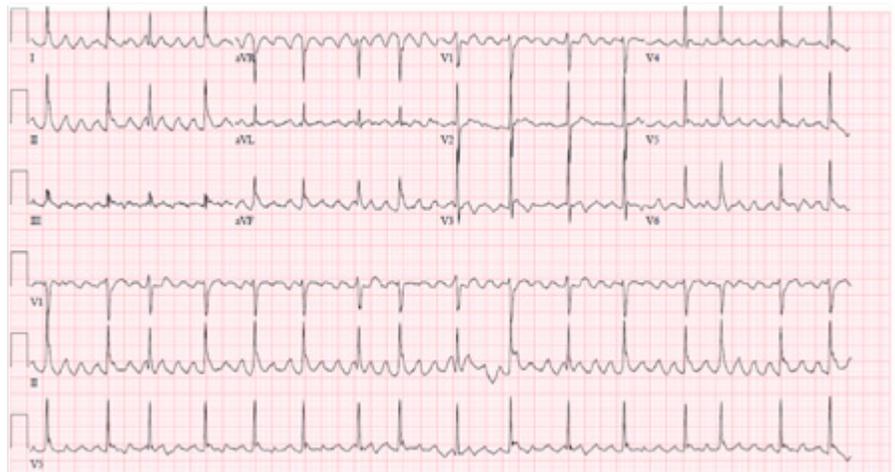
Post-exercise Echo

Normal augmentation of all LV wall segments; no MR; no pulmonary hypertension

Event

2 minutes into the recovery period, developed atrial fibrillation at +95 bpm; remained asymptomatic

Post-exercise EKG—May 12, 2011



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CASE STUDY—PATIENT: STEPHEN ROBERTSON (CONT'D)

RECOMMENDED READING

2011 ACCF/AHA/HRS Focused Update on the Management of Patients With Atrial Fibrillation. *Circulation*. 2011;123:104-123.

[Link to Full Guidelines](#)

Update On Dabigatran: 2011 ACCF/AHA/HRS Focused Update on the Management of Patients With Atrial Fibrillation. *Circulation*. 2011;123:1144-1150.

[Link to Full Text](#)

Guidelines for the management of atrial fibrillation: the Task Force for the Management of Atrial Fibrillation of the European Society of Cardiology (ESC). *Eur Heart J*. 2010; 31(19):2369-2429.

[Link to Full Guidelines](#)

Lip GY, Frison L, Halperin JL, Lane DA. Identifying patients at high risk for stroke despite anticoagulation: a comparison of contemporary stroke risk stratification schemes in an anticoagulated atrial fibrillation cohort. *Stroke*. 2010 Dec;41(12):2731-8.

[Link to Pub Med Abstract](#)

Lip GY, Frison L, Halperin JL, Lane DA. Comparative validation of a novel risk score for predicting bleeding risk in anticoagulated patients with atrial fibrillation: the HAS-BLED (Hypertension, Abnormal Renal/Liver Function, Stroke, Bleeding History or Predisposition, Labile INR, Elderly, Drugs/Alcohol Concomitantly) score. *J Am Coll Cardiol*. 2011 Jan 11;57(2):173-80.

[Link to Pub Med Abstract](#)

Connolly SJ, Ezekowitz MD, Yusuf S, et al. Dabigatran versus warfarin in patients with atrial fibrillation. *N Engl J Med*. 2009 Sep 17;361(12):1139-51.

[Link to Full Text](#)

Wallentin L, Yusuf S, Ezekowitz MD, et al. Efficacy and safety of dabigatran compared with warfarin at different levels of international normalised ratio control for stroke prevention in atrial fibrillation: an analysis of the RE-LY trial. *Lancet*. 2010 Sep 18;376(9745):975-83.

[Link to Abstract](#)

Physical Findings—May 12, 2011

- Appeared mildly anxious but otherwise comfortable
 - Vitals:
 - HR +94 bpm, irregularly irregular
 - BP 132/75 mmHg, afebrile
 - No vascular bruits; chest clear; no JVD; normal arterial pulse contour
- Precordial impulse not displaced. First and second heart sounds normal; grade II/VI apical mid-systolic murmur unchanged during the respiratory cycle or with handgrip or Valsalva strain; no gallop or rub. Pulses intact; no edema, neurologically intact.

Laboratory Data—May 12, 2011

Sodium	139 mEq/L
Potassium	4.0 mEq/L
Chloride	99 mEq/L
CO ² total	29.3 mEq/L
Glucose	83 mg/dL
Urea Nitrogen	16 mg/dL
Creatinine	1.0 mg/dL
White blood cell	6.3 x 10 ³ /μL
Red blood cell	4.73 x 10 ⁶ /μL
Hemoglobin	13.7 g/dL
Hematocrit	42.3%
Hemoglobin A1c	5.3%
Cholesterol	138 mg/dL
Triglycerides	42 mg/dL
HDL cholesterol	50 mg/dL
LDL cholesterol	98 mg/dL
Thyroid stimulating hormone	2.40 μIU/mL
Albumin	4.1 g/dL
Protein total	6.4 g/dL
Bilirubin total	0.2 mg/dL
Alkaline phosphatase	106 u/L
AST (SGOT)	26 u/L
ALT (SGPT)	45 u/L
Prothrombin time (INR)	11.6 sec (1.0)
Troponin-I	0