



Appréciation de la prise en Charge de la Fibrillation Atriale aux urgences

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Liens d'intérêts

- **Honoraires et déplacements :**

Astra Zeneca, Bayer, Boehringer Ingelheim, Lilly, Sanofi, The Medicines Company

- **Financement de recherche :**

AstraZeneca, Bayer, Boehringer Ingelheim, Daichi-Sankyo, Novartis, Pfizer

- **Membre de Boards scientifiques :**

AstraZeneca, Bayer

← → ↻ 🏠 <https://www.sfmu.org/fr/publications/recommandations-de-la-sfmu//prise-en-charge-de-la-fibrillation-atriale-en-medecine-d-urgence>

Sites suggérés Home - PubMed - NC CK ClinicalKey - Lead wit Google Scholar Cochrane.fr NICE Evidence Search Evidence-Based Clinic



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Pub

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Accueil / Publications /Recommandations de la SFMU

Recommandations de la SFMU

Prise en charge de la fibrillation atriale en médecine d'urgence.

Recommandations de la Société française de médecine d'urgence en partenariat avec la Société française de cardiologie RPC 2015

[septembre 2015]

Prise en charge de la fibrillation auriculaire en médecine d'urgence

Recommandations formalisées d'experts

Société Française de Médecine d'Urgence

2015

En partenariat avec la Société Française de Cardiologie

Objectif principal

Décrire la prise en charge **diagnostique et thérapeutique** de la FA aux urgences :

Nombre de FA idiopathiques et de FA secondaires

Caractéristiques épidémiologiques et cliniques

Nombre de patients ayant bénéficié d'antiarythmique ou de CEE

Nombre de patients ayant bénéficié d'actes aux urgences

Objectifs secondaires (à 30 jours, 3 mois, 6 mois et 1 an)

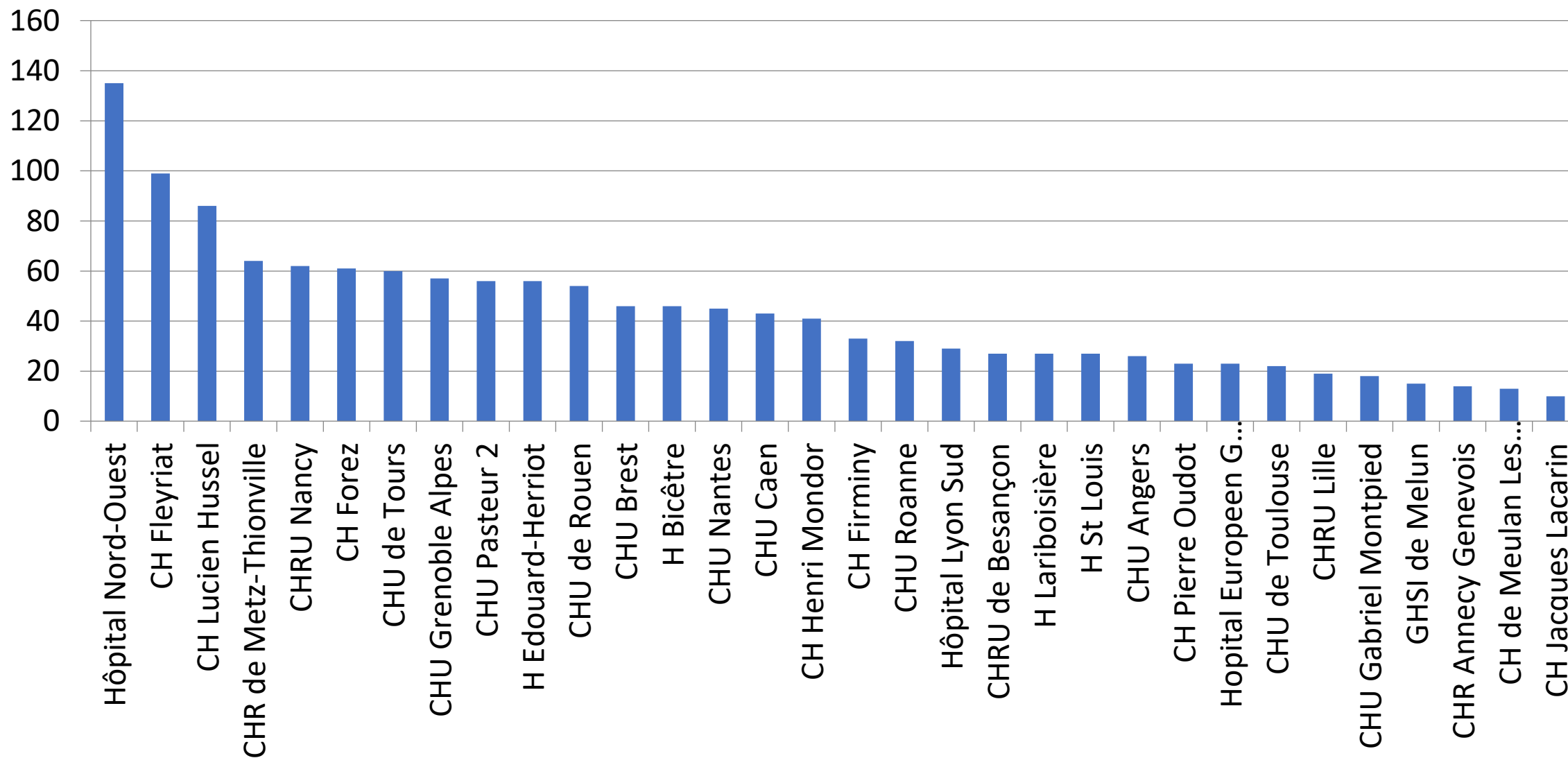
Mesurer l'incidence de la FA : récurrence ou persistance

Décrire l'observance thérapeutique

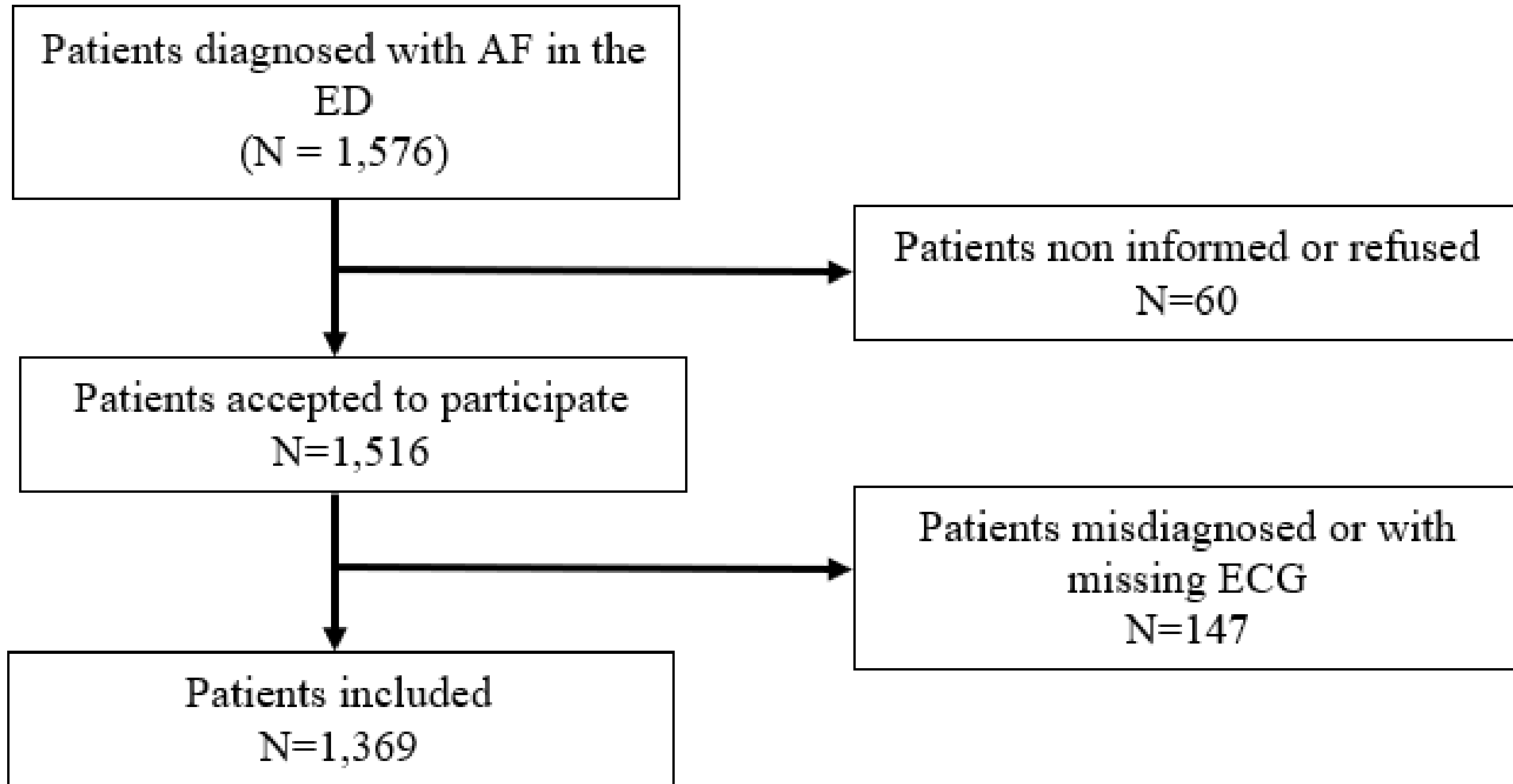
Mesurer l'incidence des événements hémorragiques et cardiovasculaires

Mesurer la mortalité

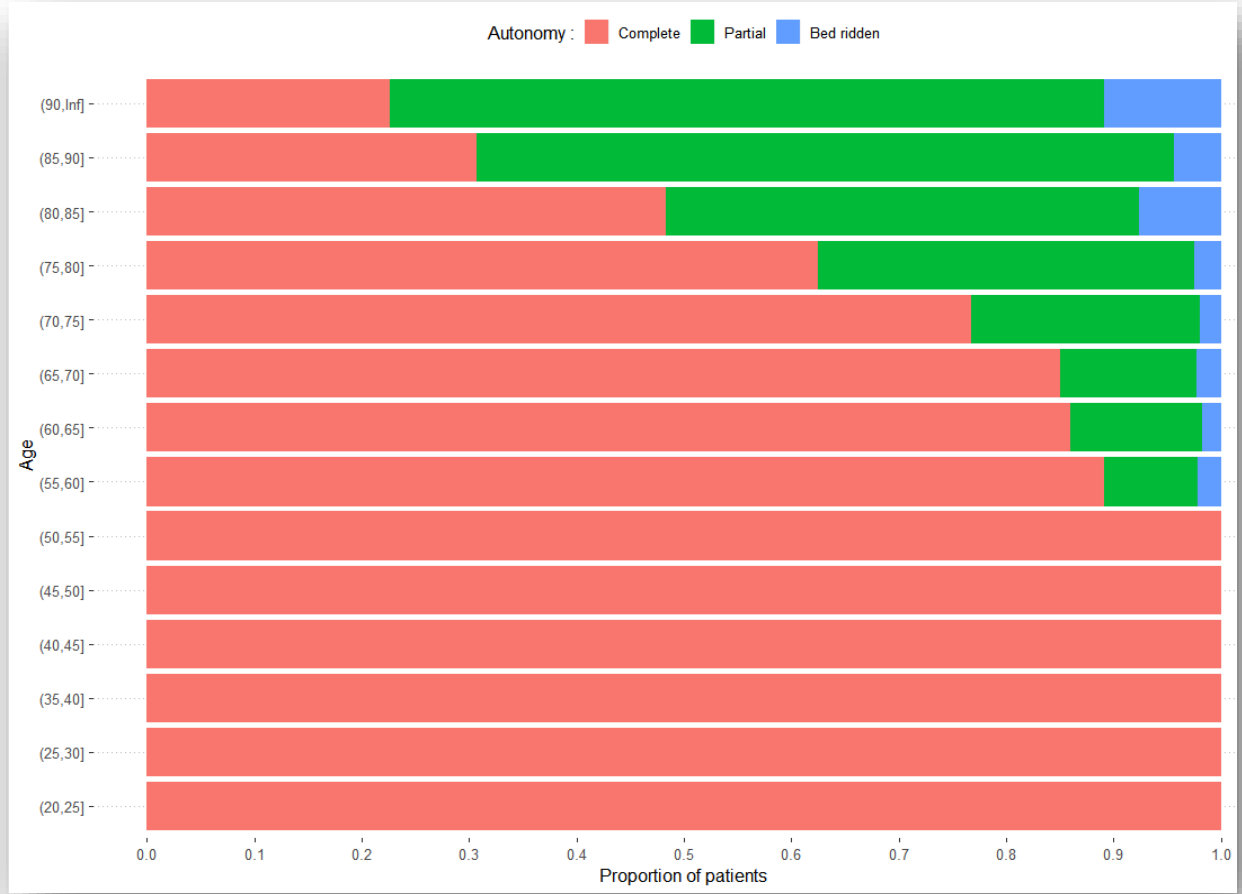
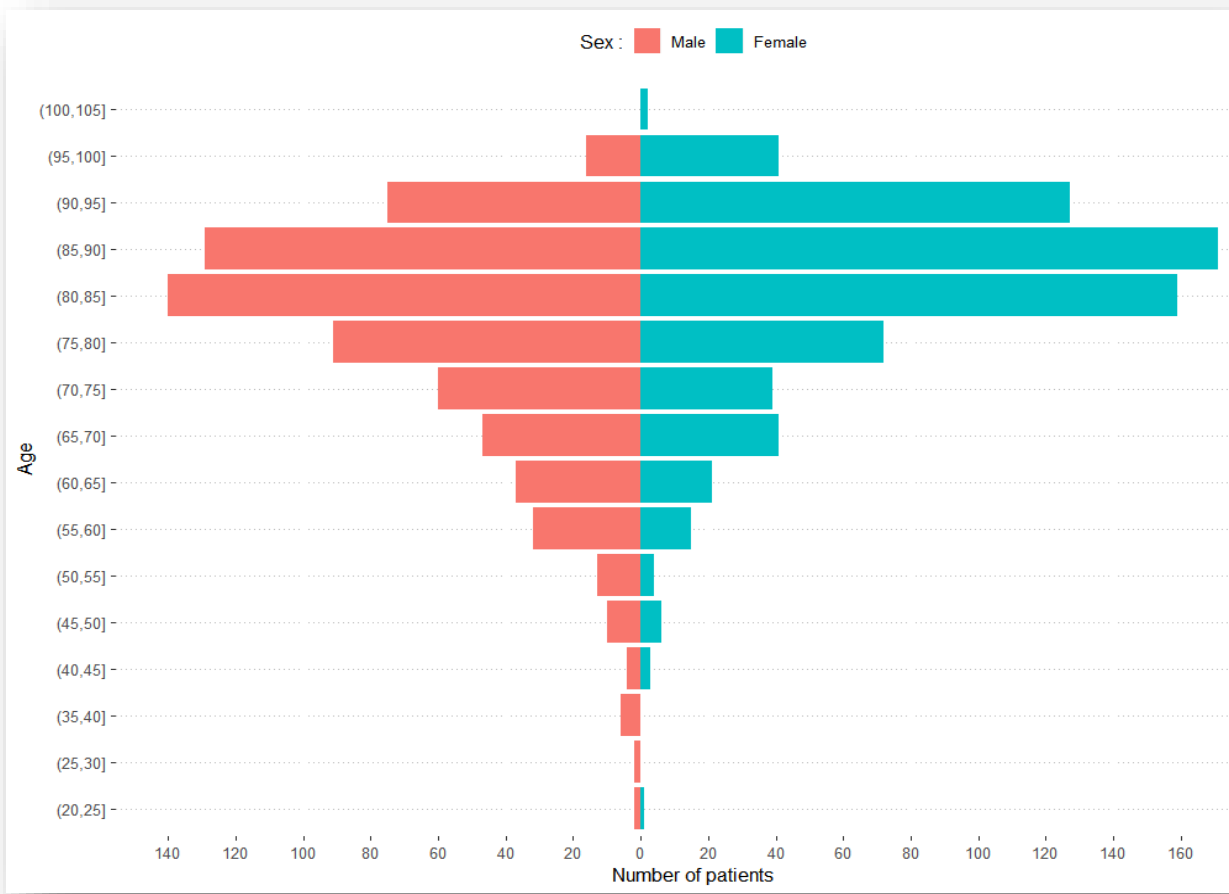
1^{er} oct. – 30 nov. 2018 : 32 centres : 1576 inclusions



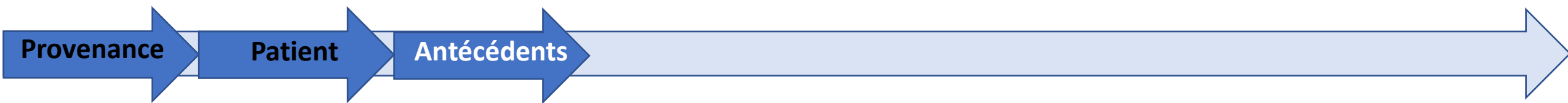
Flowchart



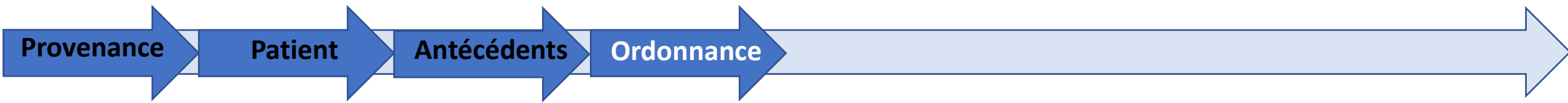
	Patients	Idiopathic AF	Secondary AF	P-value
Age (median)	84 [75;89]	74.5 [62;85]	85 [79;90]	<0.0001
Sex male (%)	666 (48.68%)	124/279 (44.44%)	542/1089 (49.77%)	0.1283
Residence				
<i>Home</i>	1154 (84.67%)	262/276 (94.93%)	892/1087 (82.06%)	<0.0001
<i>Nursing home</i>	169 (12.4%)	13/276 (4.71%)	156/1087 (14.35%)	<0.0001
<i>Other</i>	40 (2.93%)	1/276 (0.36%)	39/1087 (3.59%)	
Autonomy				
<i>Fully autonomous</i>	686 (50.66%)	219/276 (79.35%)	467/1078 (43.32%)	<0.0001
<i>Partially autonomous</i>	594 (43.87%)	52/276 (18.84%)	542/1078 (50.28%)	<0.0001
<i>Dependent</i>	74 (5.47%)	5/276 (1.81%)	69/1078 (6.40%)	
Initial call				
<i>Emergency numbers (15/18)</i>	733 (54.5%)	129/277 (46.57%)	604/1068 (56.55%)	0.0037
<i>General practitioner</i>	369 (27.43%)	67/277 (24.19%)	302/1068 (28.28%)	0.1992
<i>Cardiologist</i>	5 (0.37%)	3/277 (1.08%)	2/1068 (0.19%)	
<i>Spontaneous visit to ED</i>	238 (17.70%)	78/277 (28.16%)	160/1068 (14.98%)	<0.0001
Transport				
<i>Ambulance</i>	595 (44.3%)	93/274 (33.94%)	502/1069 (46.96%)	0.0001
<i>Firemen</i>	390 (29.04%)	67/274 (24.45%)	323/1069 (30.22%)	0.0718
<i>Emergency medical services</i>	59 (4.39%)	9/274 (3.28%)	50/1069 (4.68%)	
<i>Own transport</i>	299 (22.26%)	105/274 (38.32%)	194/1069 (18.15%)	<0.0001



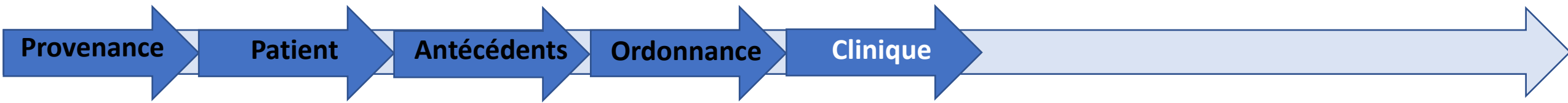
Homme 81[72;87] ans | **Femme** 85[79;90] ans
(p<0,001)



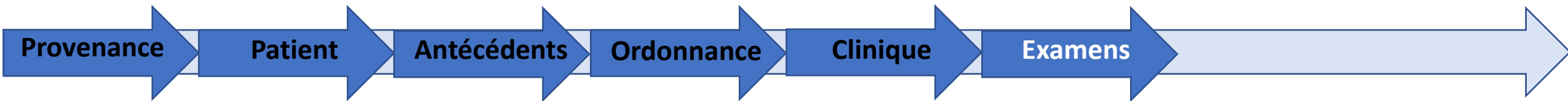
	Patients	Idiopathic AF	Secondary AF	P-Value
AF History	1040 (75.97%)	115/279 (41.22%)	925/1090 (84.86%)	<0.0001
<1 year	132 (14.62%)	39/108 (36.11%)	93/795 (11.70%)	<0.0001
1 to 5 years	262 (29.01%)	29/108 (26.85%)	233/795 (29.31%)	0.6783
>5 years	509 (56.37%)	40/108 (37.04%)	469/795 (58.99%)	<0.0001
Comorbidities				
<i>Chronic heart failure</i>	366 (26.81%)	36/276 (13.04%)	330/1089 (30.30%)	<0.0001
<i>Ischemic cardiopathy</i>	260 (19.03%)	37/276 (13.41%)	223/1090 (20.46%)	0.0099
<i>Rhythmic cardiopathy</i>	231 (16.92%)	19/275 (6.91%)	212/1090 (19.45%)	<0.0001
<i>Hypertension</i>	912 (66.76%)	150/276 (54.35%)	762/1090 (69.91%)	<0.0001
<i>DVT/PE</i>	106 (7.78%)	11/275 (4.00%)	93/1088 (8.55%)	0.0126
<i>Stroke/TIA</i>	236 (17.31%)	31/275 (11.27%)	230/1089 (21.12%)	0.0159
<i>Peripheral artery disease</i>	104 (7.63%)	11/275 (4.00%)	95/1087 (8.74%)	0.0014
<i>Type 2 diabetes</i>	261 (19.13%)	29/274 (10.58%)	207/1089 (19.01%)	0.0003
<i>Tobacco</i>	78 (6.77%)	13/275 (4.73%)	57/1087 (5.24%)	0.8464
<i>Alcohol</i>	70 (5.14%)	24/231 (10.39%)	54/921 (5.86%)	0.0213
<i>Cancer</i>	112 (8.22%)	13/275 (4.73%)	99/1088 (9.10%)	0.0254
Hospitalized in the previous year	643 (52.97%)	87/239 (36.40%)	556/975 (57.03%)	<0.0001
Follow-up by cardiologist	843 (66.59%)	150/268 (55.97%)	693/998 (69.44%)	<0.0001



	Patients	Idiopathic AF	Secondary AF	P-Value
Treatment before ED				
OAC	868 (64.20%)	79/269 (29.37%)	789/1083 (72.85%)	<0.0001
- VKA	407 (46.89%)	24/79 (30.38%)	383/789 (48.54%)	0.003
- Apixaban	235 (27.07%)	33/79 (41.77%)	202/789 (25.60%)	0.0032
- Dabigatran	41 (4.72%)	2/79 (2.53%)	39/789 (4.94%)	
- Rivaroxaban	167 (19.24%)	21/79 (26.58%)	146/789 (18.50%)	0.1125
- Heparin	25 (2.88%)	0/79 (0%)	25/789 (3.17%)	
AAD	764 (56.51%)	117/269 (43.49%)	647/1083 (59.74%)	<0.0001
- Amiodarone	110 (14.40%)	13/117 (11.11%)	97/647 (14.99%)	0.3384
- Flecainide	42 (5.50%)	18/117 (15.38%)	24/647 (3.71%)	<0.0001
- Beta-blockers	612 (80.10%)	98/117 (83.76%)	514/647 (79.44%)	0.3418
- Digoxine	99 (12.96%)	5/117 (4.27%)	94/647 (14.53%)	
- Other	4 (0.52%)	0/117 (0%)	4/647 (0.62%)	

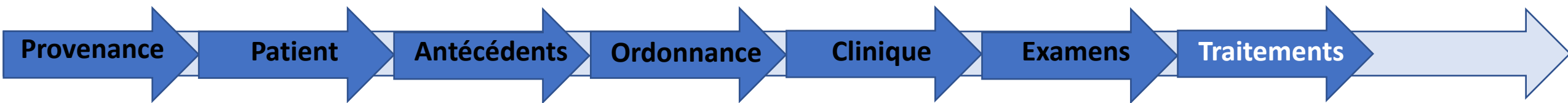


	Patients	Idiopathic AF	Secondary AF	P-value
Symptoms				
<i>Palpitations</i>	221 (16.35%)	129/277 (46.57%)	92/1075 (8.56%)	<0.0001
<i>Chest pain</i>	191 (14.13%)	83/277 (29.96%)	108/1075 (10.05%)	<0.0001
<i>Abdominal pain</i>	108 (7.98%)	13/277 (4.69%)	95/1076 (8.83%)	0.0323
<i>Fatigue</i>	431 (31.86%)	100/277 (36.10%)	331/1076 (30.76%)	0.1034
<i>Dizziness</i>	76 (5.62%)	18/277 (6.50%)	58/1076 (5.39%)	0.5702
<i>Lipothymia</i>	105 (7.76%)	28/277 (10.11%)	77/1076 (7.16%)	0.1306
<i>Loss of conscience</i>	40 (2.96%)	10/277 (3.61%)	30/1075 (2.79%)	0.6039
<i>Motor deficit</i>	44 (3.25%)	3/277 (1.08%)	41/1076 (3.81%)	
<i>Heart failure</i>	387 (28.60%)	67/277 (24.19%)	320/1076 (29.74%)	0.0803

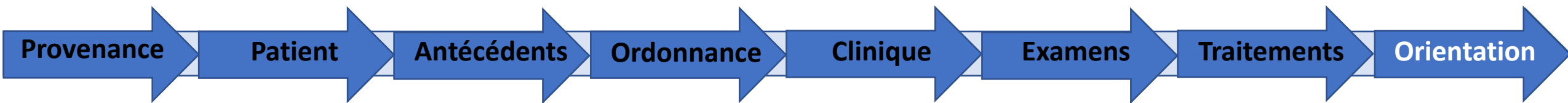


	Patients	Idiopathic AF	Secondary AF	P-Value
Echocardiography (TTE)	149 (10.92%)	59/278 (21.22%)	90/1087 (8.28%)	<0.0001
Chest X-ray	720 (53.22%)	130/274 (47.45%)	590/1079 (54.68%)	0.0379
BNP	264 (19.28%)	61/279 (21.86%)	203/1090 (18.62%)	0.2547
NT-proBNP	340 (24.84%)	61/74 (82.43%)	266/1090 (24.40%)	0.5134
Troponin	659 (48.67%)	183/275 (66.55%)	476/1079 (44.11%)	<0.0001
CHADS-VASC-2	749 (55.28%)	185/273 (67.77%)	564/1082 (52.13%)	<0.0001
HASBLED	551 (41.06%)	130/271 (47.97%)	421/1071 (39.31%)	0.0117

	Idiopathic AF	Secondary AF	P-Value
CHADS-VASC-2 ≥ 2	71.2%	95.4%	p<0.0001)

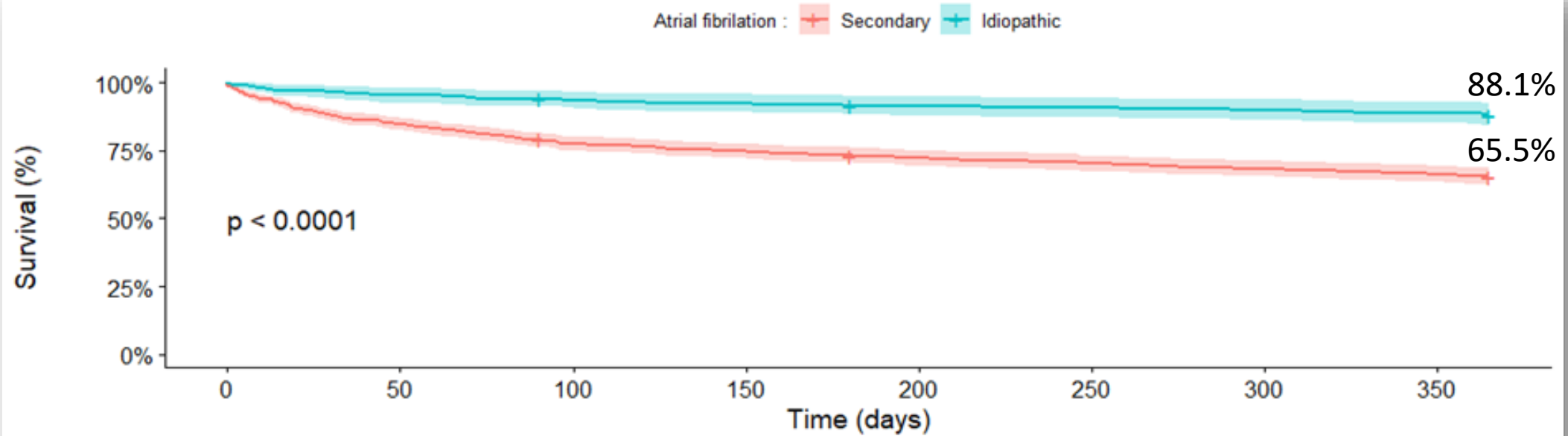


	Patients	Idiopathic AF	Secondary AF	P-Value
Anticoagulants	203/1351 (15.03%)	107/274 (39.05%)	96/1077 (8.91%)	< 0.0001
- HNF	35/203 (17.24%)	11/107 (10.28%)	24/96 (25.00%)	0,0097
- HBPM	66/203 (32.51%)	35/107 (32.71%)	31/96 (32.29%)	1
- AOD	98/203 (48.28%)	61/107 (57.01%)	37/96 (38.54%)	0,0128
- AVK	7/203 (3.45%)	2/107 (1.87%)	5/96 (5.21%)	X
Antiarythmiques	205/1350 (15.19%)	132/274 (48.18%)	73/1076 (6.78%)	< 0.0001
- Beta bloquants	130/205 (63.41%)	94/132 (71.21%)	36/73 (49.32%)	0,003
- Amiodarone	66/205 (32.20%)	39/132 (29.55%)	27/73 (36.99%)	0,3494
- Flécaïnide	1/205 (0.49%)	1/132 (0.76%)	0/73 (0%)	X
- Sulfate de magnésium	14/205 (6.83%)	7/132 (5.30%)	7/73 (9.59%)	X
- Diltiazem	12/205 (5.85%)	6/132 (4.55%)	6/73 (8.22%)	X
- Varapamil	4/205 (1.95%)	3/132 (2.27%)	1/73 (1.37%)	X
- Propafenone	0/205 (0%)	0/132 (0%)	0/73 (0%)	X



	Patients	Idiopathic AF	Secondary AF	P-Value
Location after ED visit				
<i>Home</i>	322 (23.66%)	100/275 (36.36%)	222/1086 (20.44%)	<0.0001
<i>Hospitalized in cardiology</i>	105 (7.71%)	45/275 (16.36%)	60/1086 (5.52%)	<0.0001
<i>Hospitalized in cardiac ICU</i>	70 (5.14%)	37/275 (13.45%)	33/1086 (3.04%)	<0.0001
Death	2 (0.15%)	0/276 (0%)	2/1088 (0.18%)	

Survie



Atrial fibrillation :

Number at risk

	0	50	100	150	200	250	300	350
Secondary	991	840	757	729	667	649	632	614
Idiopathic	249	237	230	227	213	212	210	208

Time (days)

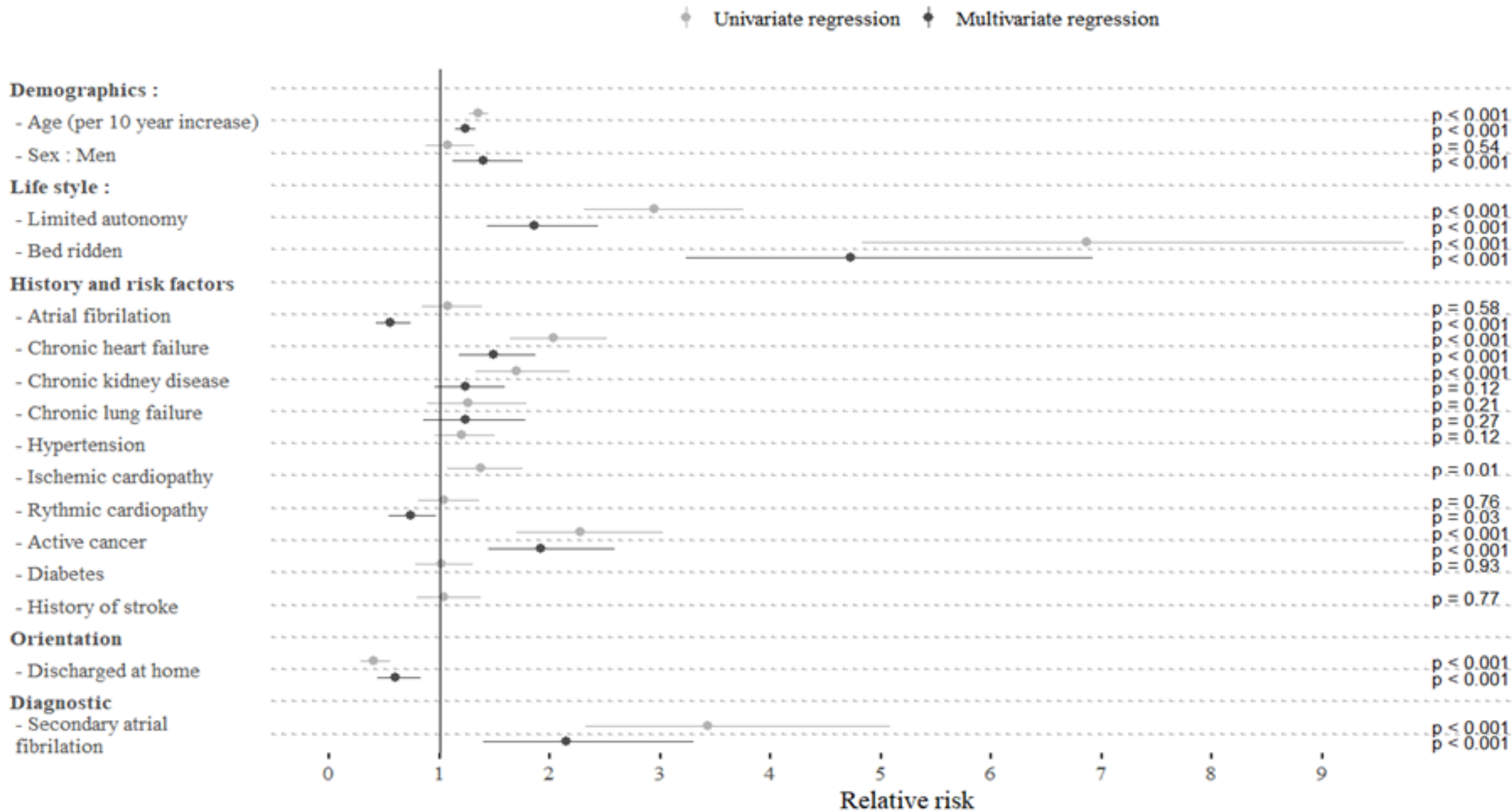
Atrial fibrillation :

Cumulative number of events

	0	50	100	150	200	250	300	350
Secondary	13	153	223	251	275	294	310	328
Idiopathic	1	12	17	19	22	23	25	27

Time (days)

Facteurs de risque de mortalité



Take home message

- Les scores de risque sont sous-utilisés
- La cause la plus fréquente des FA secondaires = pneumopathie (24.3%)
- 45% des FA de novo consultent un cardiologue dans les 3 mois :
→ compromet le traitement ambulatoire ?
- FA secondaire = marqueur pronostique ?



Merçi



Hôpital Nord-Ouest, CH Fleyriat, CH Lucien Hussen, CHR de Metz-Thionville, CHRU Nancy, CH Forez, CHU de Tours, CHU Grenoble Alpes, CHU Pasteur 2, H Edouard-Herriot, CHU de Rouen, CHU Brest, H Bicêtre, CHU Nantes, CHU Caen CH Henri Mondor, CH Firminy, CHU Roanne, Hôpital Lyon Sud, CHRU de Besançon, H Lariboisière, H St Louis, CHU Angers CH, Pierre Oudot, Hôpital Européen G Pompidou, CHU de Toulouse, CHRU Lille, CHU Gabriel Montpied, GHSI de Melun, CHR Annecy Genevois, CH de Meulan Les Mureaux, CH Jacques Lacarin

Assessment of atrial fibrillation (AF) in European emergency departments: Insights from a multicentric prospective observational study. S. Manzo-Silberman, T. Chouihed, L. Fraticelli, S. Charpentier, C. Claustre, E. Bonnefoy-Cudraz, M. Elbaz, A. Peiretti, P. Taboulet, X. Waintraub, F. Roubille, C. El Khoury
 -----UNDER REVIEWING-----