

# The GeriJournal



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## **Atrial Fib Update**

Atrial fibrillation (AF) is a condition where the upper chambers of the heart beat erratically. Negative outcomes include an irregular heart rate and potentially, pooled, clotted blood in the atria. Stroke and other catastrophic events are possible. Unfortunately, AF increases dramatically with age and affects nearly 10% of 80 to 89 year olds.

Three treatment strategies are typically employed to protect AF patients. Controlling heart rate improves cardiac function and limits progression to failure. Rate control is usually achieved by administering  $\beta$ -blockers or diltiazem (or occasionally verapamil). Controlling rhythm improves symptoms (though many with AF are asymptomatic or have minimal symptoms) such as fatigue, shortness of breath, palpitations and light-headedness. Amiodarone is our most popular weapon here. If medications fail, a pacemaker may be required.

The third treatment area is the one that has received the most attention in recent years. The

anticoagulant landscape has undergone revolutionary change. Warfarin was once our only choice to reduce AF related clots and strokes. Now we have Pradaxa®, Xarelto® and most recently, Eliquis®. Positive experience with these new agents has led European and American expert panels to make changes to their AF treatment guidelines.

One change is to place greater emphasis on a risk evaluating tool called CHA<sub>2</sub>DS<sub>2</sub>-VASc. The tool is an acronym with the letters representing: CHF, Hypertension, Age, Diabetes, past Stroke and Vascular Disease (past MI, peripheral artery disease and aortic plaque) and Sex category. AF patients score one point for each of these conditions or being female and two points for being over 75-years of age or having had a prior stroke. This is a broader instrument than CHADS<sub>2</sub>, which was promoted in past guidelines. Increased score represents increased stroke risk, and a score of two or greater usually warrants anticoagulant use.

The new anticoagulants are preferred to warfarin in some cases. Since the incidence of intracranial bleeds is reduced with the novel agents, they are preferred when risk of a brain bleed is high. Eliquis® (apixaban) appears to carry the lowest GI bleeding risk, so it is preferred where past history or

current patient factors suggest this is a concern. Eliquis® is also the only new agent that can be used in dialysis patients and those with relatively poor kidney function, because the kidneys play a minor role in its elimination from the body.

Other changes include a more limited role for aspirin and greater treatment in the elderly population, since they are the primary group affected by AF. It is also recognized that falls represent a minor bleeding risk and rarely offset the CVA benefits of anticoagulants.

## **Crank Up the Lights**

Many non-drug therapies have been used in an effort to minimize drug dependence in dementia treatment. Pet, music, art and aromatherapies have had some success as have a number of behavioural approaches.

Light therapies have also enjoyed some positive reports. A recent trial presented at *SLEEP 2014* evaluated this approach. A low level bluish-white light was placed in the rooms of 14 nursing home residents. A wrist monitor measuring resident activity found that sleep time increased and activity-rest patterns were more appropriate. Depression and agitation measures were also improved. A small investment could improve quality of life measures and reduce psychotropic drug use.