Diagnostic of atrial fibrillation on patients at TIA-clinic

Published: 10-09-2010
Last updated: 06-05-2024

To identify that fysical complaints fitting with atrial fibrillation, hyperthyroïdie, left atrial enlargment at ECG, left ventrikel hypertrophy at ECG, premature atrial complex (with heartbeat > 70 bpm) at ECG and cerebral ischemic attacks in...

Ethical review	Not approved
Status	Will not start
Health condition type	Cardiac arrhythmias
Study type	Observational non invasive

Summary

ID

NL-OMON34477

Source
ToetsingOnline

Brief title
TIA-AF-project

Condition

- Cardiac arrhythmias
- Central nervous system vascular disorders

Synonym
atrial fibrillation

Research involving
Human

Sponsors and support

Primary sponsor: Sint Antonius Ziekenhuis
Source(s) of monetary or material Support: Ministerie van OC&W

Intervention

Keyword: atrial fibrillation, CVA, diagnostic, TIA

Outcome measures

Primary outcome

Fysical complaints of atrial fibrillation (palpitations, short of breath,

dizziness, or chest pain)

Left atrial enlargement at ECG

Left ventricle hypertrophy at ECG

Premature atrial complex at ECG (with heartbeats of > 70 bmp)

Hyperthyreoidy (TSH < 0.35mU/l and free T4 > 24.0 pmol/l at serum)

Ischaemic attacks at several cerebral flow area (detected at CT-scan)

Outcome:

Atrial fibrillation

Secondary outcome

not applied to

Study description

Background summary

Atrial fibrillation (AF) occurs mainly at higher age and is attended with a higher chance of cardioembolic Cerebro Vasculair Accident (CVA) or Transient IschaemicAttack (TIA). In the Netherlands more than 45.000 people annual get a CVA or TIA, what are radical consequences for the patient and his environment. Of this group of patients 25% die within a month, mostly because of a cardiovascular disorder and 19% restrain severe constraints in daily activity.
They expect the prevelation of AF will increase the next following years, on

the one hand because of the (double) aggiing of the population, on the other hand because more patients survive a former fatal heartdisease.. This last group of patients develop complications like AF.

AF can present permanent (persistent of permanent atrial ibrillation) or present in episodes (paroxysmal atrial fibrillation). There is no difference in risk of an ischaemic stroke between the several types of atrial fibrillation.
AF leads to a irregular heartbeat what is often underdiagnosed. AF can only be diagnosed at the time of apperance bij registration of the heartrithm via an electrocardiogram (ECG) or holterregistration. Paroxysmal atrial fibrillation is therefore often underdiagnosed.

Patients with CVA or TIA and AF receive according to the current guidelines (CHADs2-score) vitamin-K-antagonists (like acenocoumarol). As the diagnose will be missed, this group of patients, will have an increased chance of a relapse CVA or TIA. The ischaemic attack in patients with AF is in general more severe than in patients without AF, probably because of the size of the emolism of the left atrial. That's why correct diagnostic of AF in patients with CVA or TIA is important.

Analysis of practice and literature have identified that long term registration of heartritm is essential in diagnostic of mainly paroxysmal atrial fibrillation. AF occurs in patients with CVA or TIA with left ventricle hypertrophy, with left atrial enlargement, premature heartbeats with a frequency of > 70 beats per minute. Beside that, AF occurs in patients with CVA or TIA with cerebral ischemia in several flow area, with hyperthyreoïdie and in patients with signs and symptoms like palpitations, short of breath, dizziness and chest pain.

Study objective

To identify that fysical complaints fitting with atrial fibrillation, hyperthyroïdie, left atrial enlargment at ECG, left ventrikel hypertrophy at ECG, premature atrial complex (with heartbeat > 70 bpm) at ECG and cerebral ischemic attacks in several flow area are independent predictors of atrial fibrillation.
Besides, to offer a correct diagnostic procedure of atrial fibrilation, so that, after adjusting medication, the chance of a relapse CVA or TIA will be decreased.

Study design

The TIA-AF-project is a defined diagnostic study at the diagnosis atrial fibrillation. It is a cross-sectional design by which the diagnosis atrial fibrillation is determined by a cardiologist.

Study burden and risks

The patient will be directed to the outpatient clinic cardiology for diagnostic: fast-diagnostic-clinic (rapid access) atrial fibrillation. This care is existing. What in this study will be used, is a 7-days holterregistration instead of a 24-hours holterregistration. A 7-days holterregistration is no common care, though is already used if the cardiologist suspect atrial fibrillation, but is not (yet) detected at a 24-hours holterregistration.
The 7-days holterregistration is more aggravating for the patient than a 24-hours holterregistration, but the strain is light and has no or slight risks. During the holterregistration the patient can not take a shower; but the patient can switch off and on the holter by himself, if the patient likes to take a shower.
The patient will be directed to the outpatient clinic cardiology for fast-diagnostic, at which the patient in one day receive all diagnostic medical examinations and results. Before starting this project the patient was directed to the cardiologist (at suspicion of a cardiac embolic source), by which the patient had to go to outpatient clinic several times for diagnostic medical examinations and results. In this project the patient will be aggravated less.

Contacts

Public
Sint Antonius Ziekenhuis

Koekoekslaan 1
3435 CM
Nederland
Scientific
Sint Antonius Ziekenhuis

Koekoekslaan 1
3435 CM
Nederland

Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age
Adults (18-64 years)
Elderly (65 years and older)

Inclusion criteria

ischemic CVA or TIA
signs and symptoms of atrial fibrillation
left atrial enlargement at ECG
left ventricle hypertrophy at ECG
premature atrial complex at ECG
hyperthyreodie
ischemic attacks in several cerebral flow area

Exclusion criteria

Atrial fibrillation in history
Atrial fibrilation diagnosed at ECG
hemorragic CVA

Study design

Design

Study type: Observational non invasive

Masking:	Open (masking not used)
Control:	Uncontrolled
Primary purpose:	Diagnostic

Recruitment

NL

Recruitment status:	Will not start
Enrollment:	50
Type:	Anticipated

Ethics review

Not approved

Date:	10-09-2010
Application type:	First submission
Review commission:	MEC-U: Medical Research Ethics Committees United (Nieuwegein)

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
CCMO	NL32829.100.10