

MODERN PHARMACOTHERAPY FOR ATRIAL FIBRILLATION

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Introducing. Atrial fibrillation (AF) has strong associations with other cardiovascular diseases, such as heart failure, coronary artery disease, valvular heart disease, diabetes mellitus, and hypertension. It is characterized by an irregular and often rapid heartbeat. AF is the most frequently encountered cardiac arrhythmia. AF is strongly age-dependent, affecting 4% of individuals older than 60 years and 8% of persons older than 80 years. The incidence of AF is significantly higher in men than in women in all age groups.

The aim is to study and compare the current recommendations for pharmacotherapy of AF, contained in the Ukrainian protocol, European and American guidelines.

Materials and method. We learned Ukrainian Adapted clinical guidelines for treated atrial fibrillation, evidence-based, 2015 and compared with Guideline for the Management of Atrial Fibrillation of the European Society of Cardiology, 2010 and 2014 AHA/ACC/HRS Guideline for the Management of Patients Atrial Fibrillation.

Results and discussion. Pharmacotherapy's goals for AF are to reset the rhythm, control the heart rate and prevent blood clots. To reset the rhythm to sinus rhythm using cardioversion, which can be conducted in two ways: electrical cardioversion or cardioversion with drugs. In electrical cardioversion an electrical shock stops heart's electrical activity momentarily. In cardioversion with drugs uses anti-arrhythmics medications: dofetilide, flecainide, propafenone, amiodarone, sotalol. Heart rate control can be achieved through several medications: digoxin may control heart rate at rest, but not as well during activity. Most people require additional or alternative medications, such as beta blockers (metoprolol and atenolol), calcium channel blockers (diltiazem and verapamil). Sometimes medications or cardioversion to control atrial fibrillation doesn't work. In those cases, recommend a procedure to destroy the area of heart tissue that's causing the erratic electrical signals and restore heart to a normal rhythm (catheter ablation). Most people with atrial fibrillation are at especially high risk of blood clots that can lead to stroke. To prevent blood clots recommended anticoagulants: warfarin, dabigatran, rivaroxaban.

Conclusions. Pharmacotherapy of AF includes restoring a normal heart rhythm, preventing blood clots from forming, thus lowering the risk of stroke; rate control allows the ventricles enough time to completely fill with blood. With this approach, the abnormal heart rhythm continues, but you feel better and have fewer symptoms. Current recommendations are identical in all investigated sources of information.