

FIRST-YEAR OUTCOMES AFTER CARDIOEMBOLIC STROKE REHABILITATION IN ATRIAL FIBRILLATION (AF) PATIENTS TREATED WITH NEW ORAL ANTICOAGULANTS (NOACS)

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Background: Nonvalvular AF is associated with diastolic dysfunction (DD), which could lead to ischaemic stroke and heart failure.

Aims: To compare the effect after physical intensity exercise in accordance to present recommendations in patients with first ever cardioembolic stroke, hemiparesis, DD and oral anticoagulant treatment.

Methods: 48 subjects (mean age 58.5 years, 41 male) with nonvalvular AF, ischaemic stroke, hemiparesis and DD (defined as early diastolic tissue velocity (E') \geq 8 m/s), were included to moderate-intensity exercise for 260 minutes/week for 12 weeks. Subjects were examined using tissue Doppler echocardiography, VO₂peak-test and biochemical measurements. They were evaluated at admission, after 6 months and after a year using NIHSS scale, CT scan/MRI, Rankin Modified Scale (mRS), and MMSE score. 25 patients have received NOACs.

Results: Moderate-intensity exercise significantly improved DD; E' by 18.8%, early mitral filling velocity (E) by 15% and shortened isovolumic relaxation time (IVRT) by 12%. Systolic tissue Doppler velocity (S') increased with 17%, waist circumference (WC) reduced with 2.5 cm, VO₂peak increased with 5.2 ml/kg/min, HbA1c reduced with 5%. VO₂ peak, WC returned to baseline values in the moderate-intensity group. The mRS score varied from 5.6 to 1.4 after 1 year and the NIHSS average score was higher after 1 year of physical exercises with 3.46 points on the scale (p<0.001, CI95%). The mean MMSE score after 1 year was 25.6.

Conclusions: In the first year the moderate-intensity exercises improved DD, neurological parameters, obesity, and blood pressure. The mortality rate was 4.2 % by cardiac arrest. NOACs were well tolerated.