

## **Is the identification of rare/short atrial fibrillation episodes sufficient to prescribe anticoagulants?**

### **A. Slowik**

*Neurology, Jagiellonian University, Poland*

Current treatment guidelines offers oral anticoagulant (OAC) to patients with atrial fibrillation (AF) taking into account risk of thromboembolic event (CHA<sub>2</sub>DS<sub>2</sub>-VASc) and risk of bleeding. These guidelines do not account for AF burden (pattern, frequency, duration), and do not indicate, if atrial high rate episodes (AHREs) (no symptomatic, 190 beats/minute, detected with long-term continuous monitoring by cardiac implantable electronic devices, CIEDs) including subclinical atrial fibrillation episodes (SCAF) warrant life-long OAC treatment. Increasing number of studies using CIEDs bring new data on AHRE natural history and the risk of thrombo-embolic events. The incidence of AHRE in patients without the history of AF is high (approximately 25% after 1 year and 35% after two years of follow-up). Interestingly, patients with short AHREs may develop longer AHREs or new clinical AF. AHREs also increase annualized risk of stroke and thromboembolic events or silent ischemic brain lesions, however, lower, as compared to patients with clinical AF. Growing number of evidence indicate the correlation between AHRE duration and stroke risk. Interestingly, it is thought that AHRE may be a biomarker of embolic risk since there is lacking evidence of a temporal relationship between AHRE and stroke. All these data indicate that at least some of AHRE victims may benefit from OAC treatment taking into account stroke risk and AHRE burden; recent EHRA Consensus indicates OAC for patients with the threshold of 5.5 hours/day of SCAF burden and at least two CHA<sub>2</sub>DS<sub>2</sub>-VASc risk factors. However, clinical trials addressing this question are ongoing (ARTESiA, NCT01938248; NOAH-AFNET6, NCT02618577).