

CRYPTOGENIC STROKE & SUSPECTED ATRIAL FIBRILLATION: RISK STRATIFICATION GUIDANCE

Reveal LINQ for Diagnosing
Atrial Fibrillation in Cryptogenic
Stroke Patients.

Reveal LINQ™
Insertable Cardiac
Monitoring System



Actual size



Medtronic
Further. Together



ATRIAL FIBRILLATION IS A COMMON ARRHYTHMIA THAT MAY BE AT THE ORIGIN OF A STROKE



RISK STRATIFICATION: WHO IS MOST AT RISK FOR ATRIAL FIBRILLATION?



THERE ARE MANY POTENTIAL INDIVIDUAL RISK FACTORS/ PREDICTORS FOR AF.

Most of them are increasing risk of stroke as well.

- Age
- PR interval
- Chronic infarct on brain imaging
- PAC's
- Female gender
- Left atrial diameter/size/dilation
- LVEF
- NIHSS
- Congestive heart failure
- Stroke/ TIA
- Hypertension
- Diabetes
- Number of acute infarcts
- Number of chronic infarcts
- Acute cortical infarcts
- Lower HbA1c
- PTFV₁
- Total atrial conduction time
- LV hypertrophy



There is no consensus on individual predictors for atrial fibrillation in cryptogenic stroke patients.

Single predictors may not be ideal, but there are methods for identifying cryptogenic stroke patients at greatest risk for underlying AF. Two that are commonly used in practice are CHADS₂ and CHA₂DS₂-VASc. However, these have only been validated for assessing risk of stroke in AF patients and not the risk of AF in stroke patients.

HAVOC is another tool for patient identification that has been validated in a retrospective cohort study of 9,589 patients, 40 years or older, with cryptogenic stroke or TIA.

- Identifying subsets of cryptogenic stroke patients at greatest risk for underlying AF is desirable
- Retrospective cohort study of 9,589 patients 240 years with cryptogenic stroke/TIA
- AF diagnosis was based on ICD-9 codes

HAVOC score does not include prior stroke as a predictor. Stroke is generally a consequence rather than a cause of AF.

Predictor	Or	Score
Hypertension	2.01	2
Age	1.73	2
Valvular heart disease	2.05	2
Vascular disease (peripheral)	1.37	1
Obesity	1.53	1
Congestive heart failure	3.34	4
Coronary artery disease	1.72	2

Havoc score ²	Proportion of population with AF
Low: 0-4	2.5%
Medium: 5-9	11.8%
High: 10-14	24.9%

While many risk stratification tools exist, the tool that is best is the one that members of the stroke pathway agree upon.

It is well-proven, that monitoring duration is significantly associated with the AF detection yield.¹

In a recent meta-analysis, it was observed that age and the duration of monitoring were the only predictors of AF.¹

RISK FACTORS AND MONITORING DURATION ARE IMPORTANT FOR INCREASING THE AF DETECTION YIELD.





References

1. Tsvigoulis et al. Duration of Implantable Cardiac Monitoring and Detection of Atrial Fibrillation in Ischemic Stroke Patients: A Systematic Review and Meta-Analysis, Journal.
2. Kwong C et al. Cardiology. 2017;138:133-140.

BRIEF STATEMENT

See the device manual for detailed information regarding the instructions for use, the implant procedure, indications, contraindications, warnings, precautions, and potential adverse events. If using an MRI SureScan™ device, see the MRI SureScan™ technical manual before performing an MRI. For further information, contact your local Medtronic representative and/or consult the Medtronic website at medtronic.eu.

For applicable products, consult instructions for use on www.manuals.medtronic.com. Manuals can be viewed using a current version of any major internet browser. For best results, use Adobe Acrobat® Reader with the browser.

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