Stroke Risk With Atrial Fib Higher in Women

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NEW ORLEANS — Women with atrial fibrillation were at higher thromboembolic risk than men in a large prospective study of patients with this most common of arrhythmias, Margaret C. Fang, M.D., reported at the annual scientific sessions of the American Heart Association.

This new finding from the Anticoagulation and Risk Factors in Atrial Fibrillation (ATRIA) study helps resolve a controversy over whether female gender is an independent risk factor for atrial fibrillation–related thromboembolic events, said Dr. Fang of the University of California, San Francisco.

Although atrial fibrillation (AF) is known to increase thromboembolic risk fivefold overall, the degree of risk varies among subgroups of affected patients.

Several schemes for stroke risk stratification in patients with AF—most notably, those based on data from the Framingham Heart Study and Stroke Prevention in Atrial Fibrillation (SPAF) study—rate women with AF as being at higher risk for ischemic stroke and other thromboembolic events than men with the arrhythmia. Women over age 75 are rated as being at particularly high risk. Other risk-stratification strategies, including the one developed by the Atrial Fibrillation Investigators group, don't consider female gender to be a risk factor, she explained.

ATRIA is a prospective cohort study involving 13,559 adults receiving treatment for AF at Kaiser Permanente of Northern California. During a median 2.4 years of follow-up, the annual rate of thromboembolism in women not on warfarin was 3.5%, compared with 1.8% among men not on the drug. Among patients over 75 who weren't taking warfarin, the thromboembolism rate was 5.0% per year in women and 2.9% per year in men. In patients younger than 75, the annualized rate was 1.7% in women and 1.1% in men.

After adjustment for stroke risk factors including hypertension, heart failure, and coronary disease, women with AF not on warfarin still had a highly significant 60% greater relative risk of stroke than men. ■

Psychological Distress Raises Atrial Fib Risk

NEW ORLEANS — Anxiety and other forms of psychological distress constitute a potent independent risk factor for development of new-onset atrial fibrillation in patients with chronic stable coronary artery disease, Charles M. Blatt, M.D., reported at the annual scientific sessions of the American Heart Association.

The relationship is dose dependent. The higher a CAD patient's level of anxiety, depression, somatization, or hostility, the greater the long-term risk of developing atrial fibrillation (AF), said Dr. Blatt of Harvard Medical School, Boston, and director of research at the Lown Cardiovascular Research Foundation, Brookline, Mass.

He reported on 354 men and 95 women with chronic stable CAD who were followed prospectively for an average of 5 years. Participants are being assessed annually for psychological distress using the 92-item Kellner's Symptom Questionnaire.

The incidence of AF in patients in the lowest Kellner quartile for total psychological distress was 2 cases per 1,000 person-years, compared with 16 cases per 1,000 person-years in the highest quartile.

After adjustment for standard AF risk factors, including gender and age, patients in the second through fourth quartiles for anxiety level had a 2.1-fold greater risk of developing AF for each quartile increase.

For depression, each quartile increase was associated with a 1.7-fold greater risk of developing AF, compared with that of patients in the lowest quartile. AF risk increased by an additional 50% with each step up from the second through fourth quartiles of somatization, and by 60% with each increase in quartiles for hostility.

Patients in the second quartile for total psychological distress had an adjusted 2.3-fold increased risk of developing atrial fibrillation, compared with those in the lowest quartile. Those in the third quartile had an adjusted 4.6-fold increased risk, while patients in the fourth quartile had a 6.9-fold greater risk than those in the first quartile, according to Dr. Blatt.

—Bruce Jancin