OPEN ACCESS Freely available online

ISSN: 2155-9627
Journal of Clinical Research & Bioethics

Commentary

Anticoagulant Therapy in Treatment of Atrial Fibrillation

Maria Jefferson*

Department of Haemtology, University of Alberta, Edmonton, Canada

DESCRIPTION

Atrial fibrillation (AF) is the most common type of cardiac arrhythmia. With the ever-geriatric population, the frequency of AF is also accelerating. In AF, the upper chambers of the heart don't serve rightly as a result of abnormal electrical signalling. It can be characterised by rapid and irregular atrial depolarisations with a discrete lack of P waves on electrocardiograms. As a result, the blood in the atria remains stationary and can promote blood clot formation and increase the threat of stroke. This can cause adverse symptoms, damage functional status and reduce the quality of life. In recent times, advancements in medical technology have helped us gain a lesser understanding of AF and the mechanisms of its onset. As a result, numerous new pharmacological and non-pharmacological therapies have been developed that can control or potentially prevent AF. The aim of this composition is review the history, classifications, pathophysiology and current treatment options for AF.

Medical practitioners have been interested in the heart and its pulse for numerous years. The symptoms of AF have been described in articles dating back almost years, when Maimonides noted irregular human pulses that were likely AF. Still AF wasn't completely described until 1874 when Vulpian termed irregular atrial electrical activity in canine hearts to be “fresmissement fibrillaire”. Nothnagel latterly found that the irregularity of the pulse was a feature of the arrhythmia, which he nominated “distraction cordis”. MacKenzie was suitable to record jugular and radial beats in cases, also relating an irregular palpitation. He plant that the electrical exertion in the patio faded during the ages of irregular palpitation but returned when the palpitation was normal again. The lost electric swells in the jugular venous palpitation also identified with the loss of atrial compression that was observed in distraction cordis. In 1906 Einthoven published the first electrocardiogram that showed AF. The development of the electrocardiogram greatly helped clinicians explain the connection between the electrical and anatomical pathologies of AF, along with the irregular palpitation observed in distraction cordis. Eventually, with the arrival of the electrocardiogram, the quantum of exploration on AF has greatly increased and on with our understanding of the condition.

If the onset of AF cannot be directly determined also anticoagulant remedy is necessary before trying cardioversion. Anticoagulant remedy is essential as cases with AF are more susceptible to blood clots in the gallerias, which can lead to stroke. For those with AF that don't admit anticoagulation remedy, the threat of clot conformation is as high as 23.5% in cases progressed between 80 and 89 times. The choice of anticoagulant drug should take into account the case’s comorbidities, implicit medicine relations and the patient’s capability to rigorously adhere to the drug schedule. A strict adherence to the schedule is essential as a missed cure can significantly increase the threat of a thrombotic event.

For patients with valvular AF, warfarin is the recommended medicine to be used in anticoagulation remedy. For those with lone AF and no valve replacements, oral anticoagulants can be used. The type of medication recommended is dependent upon the patient’s CHA2DS2-VASc score, which is a clinical predictor that estimates the threat of stroke in AF patients. For cases with a CHA2DS2-VASc score of 2 or lesser, it's recommended that they use warfarin or asset of factor Xa similar as rivaroxaban, dabigatran or apixaban. However, antithrombotic remedy may not be necessary but the physician may still consider using an oral anticoagulant or aspirin, If the CHA2DS2-VASc score is 1. A patient with a CHA2DS2-VASc score of 0 requires no anticoagulation therapy. For cases requiring a treatment that involves interruption of anticoagulation, heparin in unfractionated or low molecular weight form can be used. While direct Xa inhibitors similar as apixaban have been shown to cause smaller strokes and bleeding events than warfarin, they don't have any reversal agents. This isn't the case with warfarin as vitamin K can be used to reverse its effects. Still since warfarin still requires significant monitoring and long duration of onset, new oral anticoagulants (NOACs) have been introduced as choices. These NOACs, similar as dabigatran and rivaroxaban act via direct inhibition of factor Xa or thrombin and have lower medicine relations than warfarin. Studies have also demonstrated analogous efficacity profiles for rivaroxaban,

Correspondence to: Maria Jefferson, Department of Orthopedics, Örebro University School of Medical Sciences, Orebro, Sweden, E-mail: mariejeffer89@gmail.com

Received date: December 02, 2021; **Accepted date:** December 16, 2021; **Published date:** December 23, 2021

Citation: Jefferson M (2021) Anticoagulant Therapy in Treatment of Atrial Fibrillation. J Clin Res Bioeth. 12:392.

dabigatran and warfarin in patients witnessing catheter ablation. Eventually, assessing the threat of stroke is essential for determining the treatment that will be most effective in enhancing outcomes and quality of life of patients with AF.