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Perspective

Assessment of Arterial Fibrillation in Asymptomatic Patients

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DESCRIPTION

A common cause of stroke is asymptomatic Atrial Fibrillation (AF). Screening for AF by a physician is advised. In patients at risk for stroke due to AF, home screening for AF may increase the likelihood of discovering asymptomatic AF. The goal of this study was to see if screening for AF while obtaining home Blood Pressure (BP) measurements with an automatic AF-detecting BP monitor was feasible and accurate. Subjects over the age of 64, as well as those with hypertension, diabetes, congestive heart failure, or a history of stroke, were enrolled and given the AF-BP monitor and an electrocardiographic event monitor to use at home for 30 days by their regular physicians. The sensitivity and specificity of the device for detecting AF were calculated by comparing the AF-BP monitor reading with the electrocardiographic data. There were 160 patients in total, with 10 withdrawing, 1 being excluded, and 10 having no AF-BP monitor records or electrocardiographic data. 14 of the 139 participants had prior experience with AF. There were 3,316 days with AF-BP monitor and electrocardiographic measurements in total. The AF-BP monitor has a sensitivity of 99.2% and a specificity of 92.9% for detecting AF based on the initial daily AF-BP monitor data.

AF-BP monitor values of AF were verified by the electrocardiographic monitor in two participants who had no history of AF. One of these people was treated with warfarin. Finally, accurate home screening for asymptomatic AF while taking blood pressure measures is possible. This can be used to detect new AF, allowing anticoagulation to be taken to lower the risk of stroke in the future. Atrial Fibrillation (AF) affects around 2.3 million Americans, and the rate is anticipated to rise in the next 40 years. Strokes caused by undetected AF are also likely to rise in number. In the United States and Europe, people with hypertension are advised to monitor their blood pressure at home on a regular basis. Patients can be automatically screened for AF anytime they measure their blood pressures by putting an algorithm that can identify AF into a home blood pressure monitor. In this trial, home blood pressure monitoring using the Micro life BP monitor with a novel algorithm developed to detect AF was able to detect new AF. New AF was discovered in two individuals, one of whom was prescribed warfarin by the doctor. For diagnosing AF, the AF-BP monitor was found to have great sensitivity and specificity. Furthermore, the device's sensitivity and specificity for individual AF-BP monitor readings at home were equivalent to the device's results at medical clinics. Although the requirement for multiple positive AF-BP monitor readings to diagnose AF increases the likelihood of individual false-positive AF-BP monitor readings, the overall diagnostic specificity remains acceptable. According to the findings of the 30-day study, screening for AF every other week or even monthly for a year could result in a low false-positive rate. In this evaluation, the overall number of individuals with AF was relatively limited. To confirm the findings of this investigation, a bigger trial with additional participants with AF would be beneficial.

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