

Delta of Egypt Atrial fibrillation registry (DEAF registry)

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OBJECTIVES

The Aim of the registry is to determine patient characteristics, practice patterns, and outcomes of AF in this region using registry's design, and finding if there is a gap between the results in the registry and the recent AF guidelines.

MATERIALS AND METHODS

500 patients with AF (whatever its type) were studied in the period of one year, during emergency room admission. The registry recruited patients from 8 hospitals in 8 cardiac centers in the region of the delta of Egypt (Tanta, Shebin- Elkom, Damanhour, Banha, Mansoura, Zagazig, Kafr-Elsheikh and Cairo). Hospitals were chosen from different geographical locations and selected to represent different settings of care (academic and non-academic, general and specialized, public and private) in the delta. DEAF registry team developed the registry protocol and case report form (CRF) and appointed a coordinator for each participating cardiac center. Screening of AF cases in the ER was carried out by contacting ER doctors and the cardiologists in each cardiac center, any patient ≥ 18 years of age and had AF documented on a 12-lead ECG or rhythm strip, lasting >30 seconds. All the data about the AF cases were collected by the coordinator in the participating cardiac center.

RESULTS

28.4% of our enrolled patients had heart failure, 51.4% patients were hypertensive and 31% patients were

known to be diabetic. We found that 19% patients had rheumatic heart disease. And 24% patients had valvular heart disease (mitral or aortic heart disease). 33% patients had history of dyslipidemia, and finally 17% patients showed no obvious cause of AF. 30.4% patients had a history of coronary artery disease based on patients' words, 10.8% patients had prior Acute Coronary Syndrome (ACS) while 17.2% patients had prior Percutaneous Coronary Intervention (PCI) and 2.4% patients had prior Coronary Artery Bypass Graft (CABG). 47% of the patients had past medical history of atrial fibrillation, of them 45% complained of palpitation, 19% dyspnea and the same chest pain.

CONCLUSION:

Our registry show that hypertension, coronary disease, and heart failure remain common comorbidities in our AF registry where hypertension account alone for about half the patients of atrial fibrillation. Rheumatic valvular heart disease, used to be an important underlying disease for the development of AF. Amiodarone is the commonest AAD used, while regarding rate control drugs, beta-blockers and digoxin were more often used than non-dihydropyridine calcium-channel blockers. Lone AF still high 17% and that reflects that shortage in diagnostic tools in discovering some co-morbidities such as the obstructive sleep apnea.

KEYWORDS

Delta, registry, Egypt, atrial fibrillation, DEAF.