



EMBARGOED UNTIL 20th NOVEMBER 2022 1730HRS SGT

Atrial Fibrillation 3

Context:

This session was a lively debate focused on two hot topics around atrial fibrillation:

- 1) 35 year old male with asymptomatic persistent atrial fibrillation – rate vs rhythm control
- 2) We have the data to support left atrial appendage occlusion(LAAO) being superior to novel oral anticoagulants (NOAC) – true or false

Summary:

Prof Yung-Kuo Lin, from the Taipei Medical University, Taiwan, discussed about the pros of rhythm control for young patients with asymptomatic persistent atrial fibrillation.

Dr Gregory Lip, from the University of Liverpool, United Kingdom, spoke about choosing rate control for young patients with asymptomatic persistent atrial fibrillation, as well as the importance of addressing their comorbidities.

Dr Jeremy Chow, from the Asia Heart and Vascular Centre, Singapore, pitched his case regarding the superiority of LAAO compared to NOAC, in particular that LAAO is associated with less bleeding with similar degree of stroke prevention in the long run.

Dr Gregory Lip defended the motion against LAAO when compared to NOAC, stating that LAAO is inferior to anticoagulation because systemic factors play a large role in causing stroke in atrial fibrillation. There are still many doubts and uncertainties regarding the benefits of LAAO, and at present, there is no concrete data to support LAAO being superior to NOAC.

Message:

It is important to individualise your treatment strategy, taking into consideration both the patient's preference and comorbidities when deciding between rate vs rhythm control for young patients with asymptomatic atrial fibrillation.

When comparing LAAO closure vs NOAC, results of ongoing randomised trials are eagerly awaited. At present, there is not enough data to support LAAO over NOAC.

Session details:

Symposium 15: Atrial Fibrillation 3: Saturday 19th November 2022 1-2 pm SGT)

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