

Alcohol-related hospitalization associated with doubled stroke risk in atrial fibrillation

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Alcohol related hospitalisation is associated with a doubled risk of ischaemic stroke risk in patients with non-valvular atrial fibrillation, according to a study presented at ESC Congress 2016 today by Dr Faris Al-Khalili, cardiologist, Karolinska Institutet, Danderyd Hospital, Stockholm, Sweden. The observational study was conducted in more than 25 000 non-valvular atrial fibrillation patients at low risk of stroke.

"Atrial fibrillation (AF) is the most common heart rhythm disturbance and is associated with a five-fold increased risk of ischaemic stroke," said Dr Al-Khalili. "AF is also associated with increased mortality, reduced quality of life and a higher risk of heart failure."

Treatment with oral anticoagulants reduces the risk of stroke and is recommended according to the number of [stroke risk factors](#). Risk is estimated using the CHA2DS2-VASc score which gives points for clinical risk factors. Patients with non-valvular AF under the age of 65 and a score of 0 in men or 1 in women are considered to be at low risk for ischaemic stroke, and oral anticoagulation therapy is not indicated.

Dr Al-Khalili said: "Even if the risk for stroke is low, it is not negligible, and a number of such 'low risk' [patients](#) do present with ischaemic stroke in clinical practice and in patient registers."

The objective of this study was to assess the incidence and predictors of ischaemic stroke among low risk patients with non-valvular AF. This retrospective study included 25 252 low risk non-valvular AF patients

(age 18-64) out of a total of 345 123 AF patients identified from the Swedish nationwide patient register for the period 1 January 2006 to 31 December 2012. The median age was 55 years and 72% were men.

The patient register holds information about all hospitalisations and visits to hospital-affiliated open clinics in Sweden. Socioeconomic variables were obtained from a database for health insurance and labour market studies. Information about current medication was obtained from the National Drug Register, which has information about all dispensed prescription in Sweden and is 100% complete.

During a median follow-up of five years, ischaemic stroke occurred at an annual rate of 3.4 per 1000 patient-years. The overall mortality was 7.5 per 1000 patient-years in patients without ischaemic stroke, and 29.6 per 1000 patient-years in patients who had suffered an ischaemic stroke during follow-up.

In the multivariable analysis, the only variables that remained significantly associated with an increased risk of ischaemic stroke were age (hazard ratio [HR] 1.06, 95% confidence interval [CI] 1.05-1.08, p

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