

OP 26

A descriptive study of stroke patients with atrial fibrillation presenting to Teaching Hospital Jaffna from 2018 to 2021 (44 months) – Sri Lanka Stroke Clinical Registry.

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Introduction Atrial fibrillation is a known risk factor for stroke and stroke results in morbidity and mortality that can be prevented.

Objectives To study the demographic pattern and prevalence of atrial fibrillation amongst the stroke patients presenting to Teaching Hospital Jaffna for a period of 44 months from 2018 to 2021.

Methodology A descriptive study from data extracted with from the Sri Lanka Stroke Clinical Registry of the Ministry of Health. Variables (age, gender, risk factors and comorbidities, treatment and complications) were statistically analysed at 95% confidence interval.

Results Out of the 1605 stroke patients 36 (2.2%) had atrial fibrillation. Sub analysis of the patients with atrial fibrillation is as follows. Mean age 68.8 +/- 12.6 years (range 42 to 932 years). 11(30.6%) were males while 25(69.4%) were females. 32(88.9%) presented with ischaemic stroke while 3(8.3%) presented with haemorrhagic stroke, 1(2.8%) with TIA. Comorbidities were as follows – 19(52.8%) had hypertension, 9(25%) had diabetes mellitus, 9(25%) had ischaemic heart disease, and none had other heart diseases such as valvular heart disease or congestive cardiac failure, and none had smoked or used alcohol above accepted limits. Of the 32 who presented with ischaemic stroke 15(46.9%) were discharged on warfarin. 3(8.3%) were not eligible for warfarin therapy. 18(50%) were discharged on antiplatelets. There was a single death for which cause is not available.

Conclusion The prevalence of atrial fibrillation is low at 2.2% and appropriate therapeutic management with no haemorrhagic complication is commendable. Appropriate management of atrial fibrillation is reinforced by the available data.

Limitation Further assessment of the cause of death and the detailed assessment of the optimal maintenance of anticoagulation within the required range and the possibility of using novel anticoagulants using validated scales is needed for studying our population in detail. Improvement of the data available in the SLSCR to provide a statistically appropriate value for clinical consideration should be of serious concern and these suggestion may improve the research data that can be obtained from the stroke registry.

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