

Stroke prevention drugs may help reduce dementia risk for atrial fibrillation patients

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Patients with atrial fibrillation could reduce the risk of dementia by taking stroke prevention medications, according to recommendations published online today in *EP Europace*, a European Society of Cardiology journal, and presented at EHRA 2018. The international consensus document was also published in *HeartRhythm*, the official journal of the Heart Rhythm Society (HRS), and *Journal of Arrhythmia*, the official journal of the Japanese Heart Rhythm Society (JHRS) and the Asia Pacific Heart Rhythm Society (APHRs).

The expert consensus statement on arrhythmias and cognitive function was developed by the European Heart Rhythm Association (EHRA), a branch of the European Society of Cardiology (ESC); the Heart Rhythm Society (HRS); the Asia Pacific Heart Rhythm Society (APHRs); and the Latin American Heart Rhythm Society (LAHRs).

Heart [rhythm](#) disorders (arrhythmias), as well as some procedures undertaken to treat them, can increase the [risk](#) of [cognitive decline](#) and dementia. The international consensus document was written for doctors specialising in arrhythmias and aims to raise awareness of the risks of cognitive impairment and dementia and how to reduce them.

The document states that atrial [fibrillation](#) is associated with a higher risk for cognitive impairment and dementia, even in the absence of apparent stroke. This may be because atrial fibrillation is linked with a more than two-fold risk of silent strokes. The accumulation of silent strokes and the associated brain injuries over time may contribute to cognitive impairment.

Stroke prevention with oral anticoagulant drugs is the main priority in the management of patients with atrial fibrillation. The consensus document says that oral anticoagulation may reduce the risk of dementia.

Adopting a healthy lifestyle may also reduce the risk of cognitive decline in patients with atrial fibrillation. This includes not smoking and preventing or controlling hypertension, obesity, diabetes, and sleep apnoea.

"Patients with atrial fibrillation may be able to reduce their risk of cognitive impairment and dementia by taking their oral anticoagulation medication and having a healthy lifestyle," said Dr Nikolaos Dargatzis, lead author and consultant, Department of Electrophysiology, Heart Centre Leipzig, Germany.

The document also reviews the association between other arrhythmias and cognitive dysfunction, including post-cardiac arrest, in patients with cardiac implantable devices such as implantable cardioverter defibrillators (ICDs) and pacemakers, and ablation procedures.

Treatment of atrial fibrillation with catheter ablation can itself lead to [silent strokes](#) and cognitive impairment. To reduce the risk, physicians should follow recommendations for performing ablation and for the management of patients before and after the procedure.

The consensus document notes that physicians may suspect cognitive impairment if a patient's appearance or behaviour changes—for example, if appointments are missed. Family members should be asked for collateral information. If suspicions are confirmed, the consensus document recommends tools to conduct an objective assessment of cognitive function.

The paper highlights gaps in knowledge and areas for further research. These include, for instance, how to identify atrial fibrillation patients at increased risk of cognitive impairment and dementia, the effect of rhythm control on cognitive function, and the impact of cardiac resynchronisation therapy (CRT) on cognitive function.

Provided by European Society of Cardiology

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