

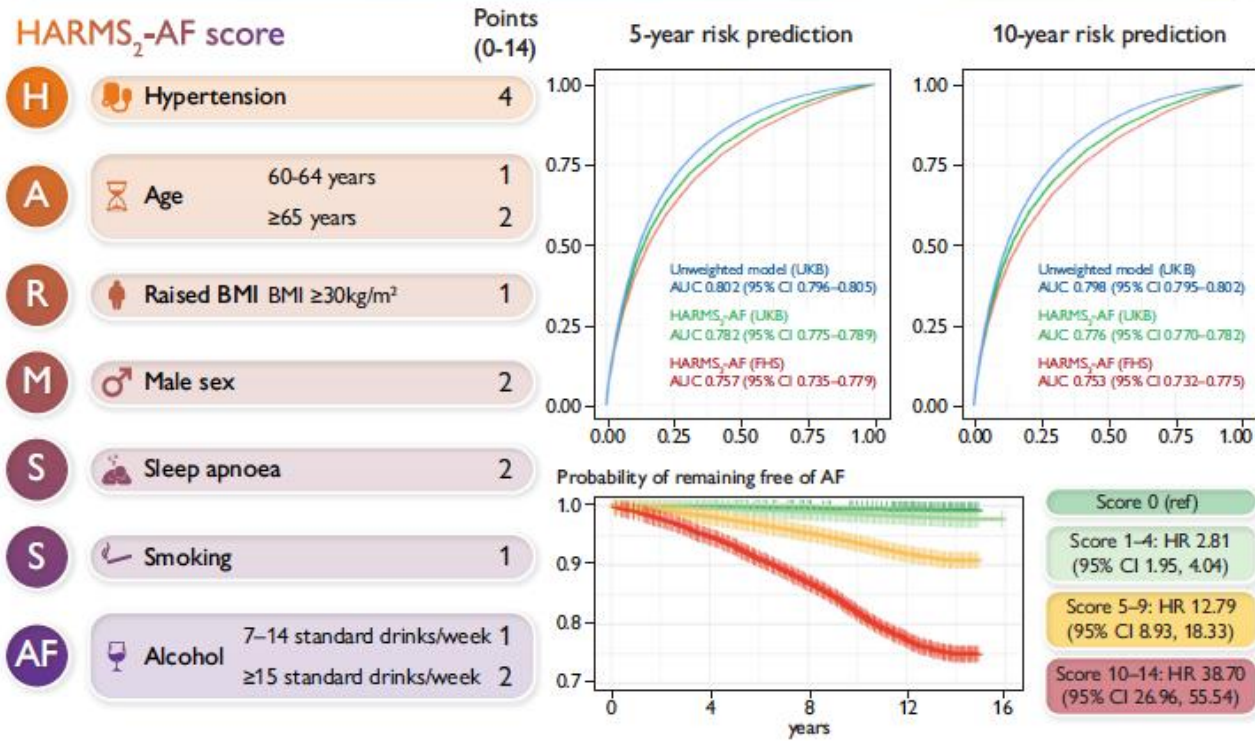
Arrhythmia Case Study

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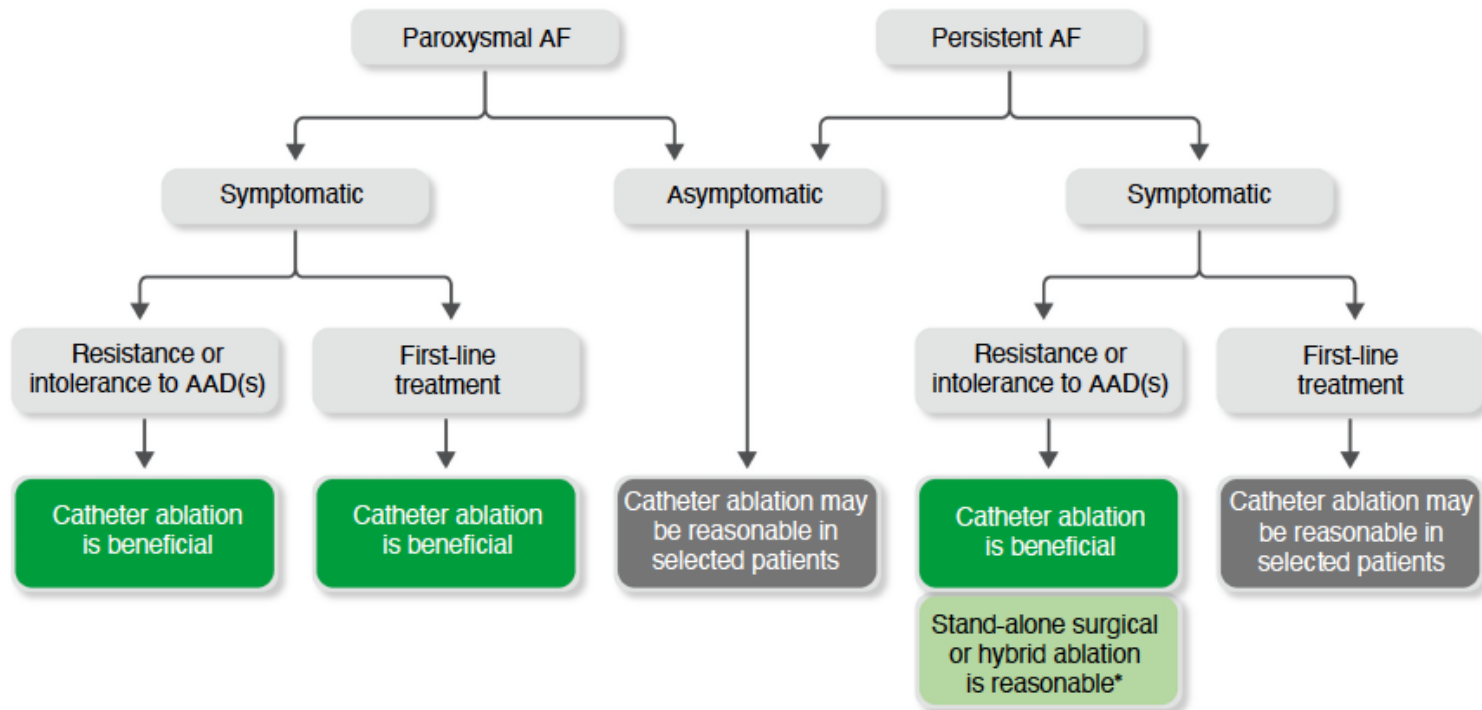
Who gets AF? - HARMS Score

Development and external validation of the HARMS₂-AF lifestyle risk score among the UKB and FHS



Anticoagulate? - CHADS Vasc Score

Risk Factor	Score	Definition
C ongestive Heart Failure/LV dysfunction	1	Left ventricular dysfunction or symptomatic heart failure
H ypertension	1	More than 140/90mmHg (use of 130/80mmHg is acceptable) or on antihypertensive therapy
A ge \geq 75 years old	2	
D iabetes Mellitus	1	Fasting blood glucose > 126 mg/dL, HgA1c > 6.5%, or receiving treatment for diabetes
S troke/TIA/TE	2	Prior history of stroke, TIA, or systemic embolism
V ascular Disease	1	Prior myocardial infarction (MI), angina pectoris, percutaneous coronary intervention or coronary artery bypass surgery, intermittent claudication, previous surgery or percutaneous intervention of the abdominal aorta or lower extremity vessels, abdominal or thoracic surgery, arterial and venous thrombosis
A ge 65-74 years old	1	
S ex C ategory (female gender)	1	

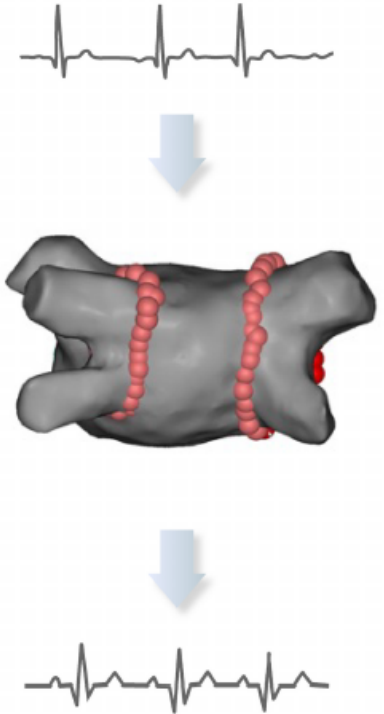


*In patients who prefer a surgical/hybrid approach after careful consideration of relative safety and efficacy of treatment options

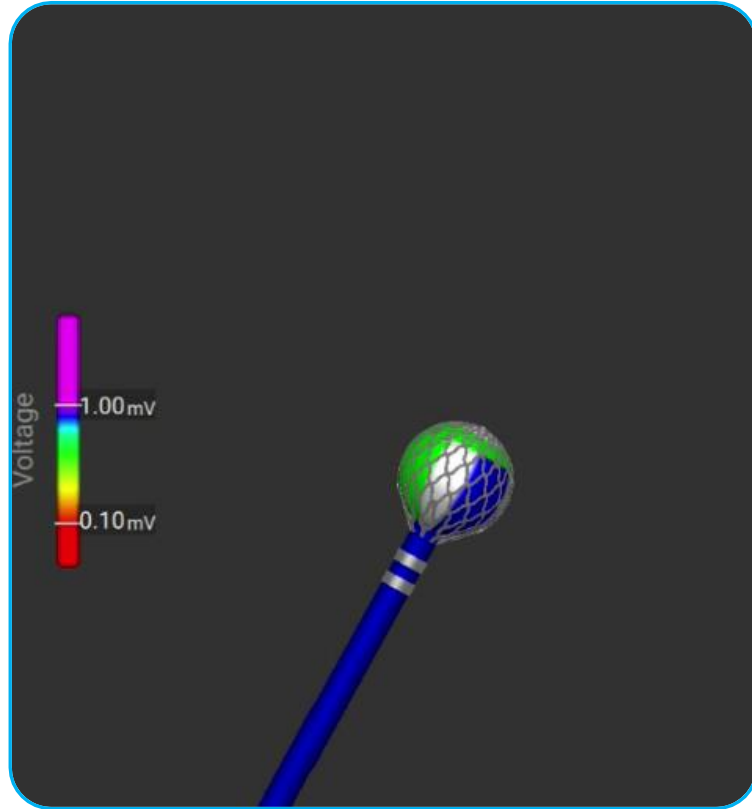
Optimization of AF risk factors

- H eart failure
- E xercise
- A rterial hypertension
- D iabetes type 2
- T obacco
- O besity
- E thanol
- S leep apnoea

- Optimize heart failure medications ●
- ≥ 210 min/week of moderate/vigorous exercise ●
- < 130/80 mmHg (rest)
< 200/100 mmHg (exercise) ●
- Dietary changes | HbA1c < 7.0% ●
- Complete cessation ●
- ≥ 10% weight reduction | BMI < 27 Kg/m² ●
- ≤ 3 standard drinks/week
(secondary AF prevention) ●
- AHI < 15 without CPAP |
CPAP for AHI ≥ 30 or AHI ≥ 20 with HTN ●

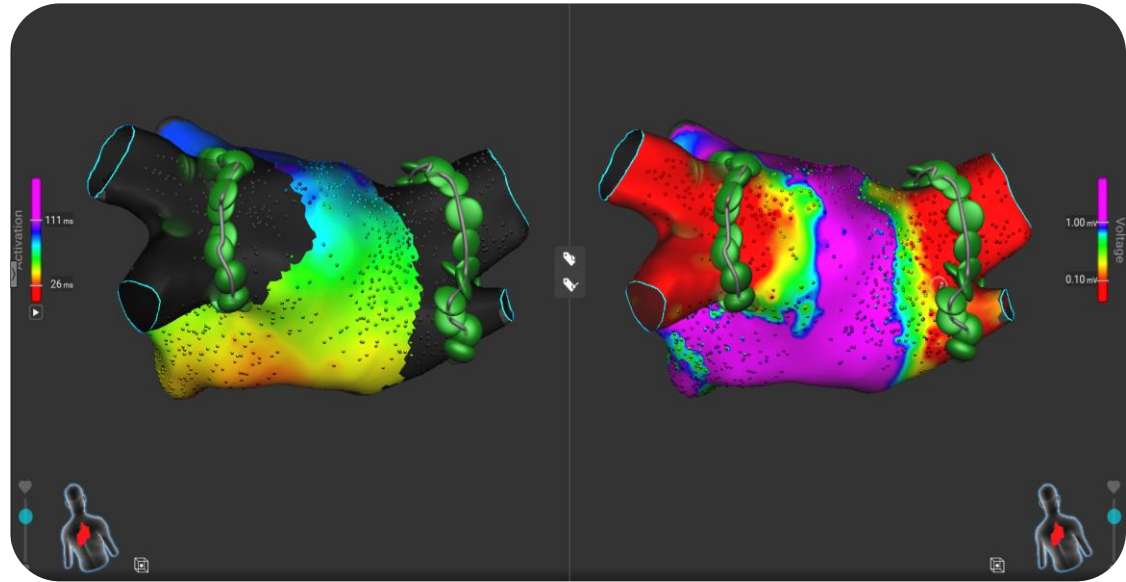


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