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Adult Cardiology & Clinical Cardiovascular Medicine • Poster Presentation

CLINICAL EPIDEMIOLOGY OF ATRIAL FIBRILLATION IN NIGERIA: FINDINGS FROM THE IBADAN ATRIAL FIBRILLATION REGISTRY

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Background We sought to describe the clinical profile, risk factors, management, and one-year outcomes of atrial fibrillation in a tertiary hospital in Nigeria Methods The Ibadan AF registry enrolled consecutive patients with AF from January 1, 2016, to September 30, 2023, at Nigeria's oldest and largest tertiary hospital.

Results Three hundred and fifty-seven patients were enrolled, aged 63±15 years; 52.9% were male. Hypertension was globally the most common risk factor for AF (80.7%), while rheumatic heart disease and coronary artery disease were recorded in 10.6% and 2.5%, respectively. Heart failure was the commonest mode of presentation (70%), and (14.6%). The mean CHA2DS2-VASc score was 3.1±1.4. Sixty-one percent of patients had permanent AF, 25.0% had persistent, and 14% had paroxysmal AF. The majority (78.4%) of patients were on oral anticoagulants The majority received rate control with betablockers (75%) and/ or digoxin (44%), and adequate rate control was achieved in 70%. Rhythm control pharmacologically was attempted with Amiodarone in 13.2%. Only very few had electrical cardioversion (1.1%), catheter ablation (1.1), and AV node ablation/ Pacemaker implantation (1.1)

Conclusion Hypertension is the commonest risk factor for AF in our cohort, and hypertensive heart failure is the commonest mode of presentation. More than 80% of study participants with AF require anticoagulation. Mortality at 12 months is high due to severe structural disease and high comorbidity burden. Efforts are needed in the control and treatment of risk factors, heart failure, and comorbidities in the management of AF in our setting.

Keywords: Atrial fibrillation, Management, Registry, Anticoagulation, Rhythm control, Rate control, Nigeria