CLINICAL, ECG AND BLOOD BASED BIOMARKERS ASSOCIATED WITH AF DETECTION DURING **CARDIAC MONITORING AFTER STROKE OR TIA: A SYSTEMATIC REVIEW AND META-ANALYSIS**



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INTRODUCTION

- Cardiac monitoring is performed to search for AF after ischaemic stroke or TIA.
- There are delays to obtaining cardiac monitoring and the yield is low.
- Prolonged cardiac monitoring detects many more cases of AF but is costly.

Aims

 To identify clinical, ECG and blood based biomarkers associated with AF detection after ischaemic stroke or TIA, to help inform patient selection for cardiac monitoring strategies.

METHODS

Systematic review and meta-analysis:

Population	People with ischaemic stroke or TIA and no known AF
Intervention	Clinical, ECG and blood based biomarkers
Comparison	Not applicable
Outcome	AF detection ≥30 seconds duration
Timing	Prognostic factors at time of stroke/TIA AF detection within 1 year after stroke/TIA
Setting	Inpatient or outpatient

- Random effects models were used to create summary estimates of risk.
- Variables with odds ratio >3.00 were considered strongly associated with AF detection.
- Risk of bias was assessed using the QUIPS tool.

CONCLUSIONS

- 8503 studies were retrieved and 34 studies were selected after screening.
- 69 prognostic biomarkers were assessed (42 clinical, 20 ECG based and 7 blood based)
- The 34 studies included 11569 people and AF was detected in 1478 people (12.8%)
- Overall, risk of bias was moderate.
- 21 variables were associated with AF detection and 5 were associated with no AF detection.

Variable Age Female Heart failure **Hypertension** Ischaemic heart disease **Modified Rankin Scale score NIHSS** score No significant (≥50%) intracrar Smoking Statin Systolic BP **Thrombolysis** TIA as index event AV conduction block Left ventricular hypertrophy on E **Maximum P-wave duration Minimum P-wave duration Premature atrial contraction PR** interval **P-wave dispersion P-wave index QTc** interval Brain natriuretic peptide HDL-Cholesterol **LDL-Cholesterol** Triglycerides

- We have identified multi-modal biomarkers that could guide patient selection for prolonged cardiac monitoring after stroke.
- The prognostic utility of these biomarkers should be assessed in real world practice.



RESULTS

Variable	Odds ratio	95% CI	P-value
Age	3.26	2.35-4.54	<0.001
Female	1.47	1.23-1.77	<0.001
Heart failure	2.56	1.34-2.42	< 0.001
Hypertension	1.42	1.15-1.75	0.001
Ischaemic heart disease	1.80	1.34-2.42	<0.001
Modified Rankin Scale score	6.13	2.93-12.84	<0.001
NIHSS score	2.50	1.64-3.81	<0.001
No significant (≥50%) intracranial or carotid artery stenosis	3.02	1.67-5.46	<0.001
Smoking	0.52	0.40-0.68	<0.001
Statin	2.07	1.14-3.73	0.016
Systolic BP	1.61	1.16-2.22	0.004
Thrombolysis	4.63	1.43-15.00	0.011
TIA as index event	0.61	0.44-0.85	0.003
AV conduction block	2.12	1.08-4.17	0.029
Left ventricular hypertrophy on ECG	2.21	1.03-4.74	0.043
Maximum P-wave duration	3.19	1.40-7.25	0.006
Minimum P-wave duration	0.53	0.29-0.98	0.041
Premature atrial contraction	3.90	1.74-8.74	0.001
PR interval	2.32	1.11-4.83	0.025
P-wave dispersion	7.79	4.16-14.61	<0.001
P-wave index	3.44	1.87-6.32	<0.001
QTc interval	3.68	1.63-8.28	0.002
Brain natriuretic peptide	13.73	3.31-57.07	<0.001
HDL-Cholesterol	1.49	1.17-1.88	0.001
LDL-Cholesterol	0.73	0.57-0.93	0.012
Triglycerides	0.51	0.41-0.64	<0.001
Blue = associated with AF detection; Red = associated with no AF detection; Bold = Odds ratio >3.00			

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