



【Symposium 11-3】

Management of Atrial Fibrillation in Patients with Chronic Kidney Disease

慢性腎臟病人心房顫動的處置

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Atrial fibrillation (AF) and chronic kidney disease (CKD) exhibit shared risk factors and are increasingly prevalent on a global scale. Individuals with CKD face an elevated risk of developing AF, and the presence of AF exacerbates the progression of CKD, establishing an intricate interplay that requires a multifaceted approach to management. Patients with both conditions confront a heightened risk of stroke, cardiovascular morbidity, and all-cause mortality compared to those with either AF or CKD alone. While anticoagulation therapy remains pivotal in AF management, the distinctive considerations posed by CKD, including altered drug metabolism and bleeding risk, necessitate careful evaluation. Novel oral anticoagulants (NOACs) have surfaced as viable alternatives to traditional agents, showcasing efficacy with potentially fewer adverse effects in this population. Addressing comorbidities, such as hypertension and diabetes, is integral to the care of both AF and CKD. Regular monitoring of renal function, electrolyte levels, and cardiovascular parameters is indispensable for guiding therapeutic decisions and promptly identifying potential complications. The optimization of patient outcomes requires a collaborative, interdisciplinary approach involving cardiologists, nephrologists, and primary care physicians.

