FROM ATRIAL FIBRILLATION TO SYNCOPE:
Established and emerging clinical evidence demonstrates the utility of insertable cardiac monitors (ICMs) in diagnosing a variety of suspected arrhythmias.
SUSPECTED ATRIAL FIBRILLATION

- Approximately 2% of people younger than age 65 have AFib, while about 9% of people aged 65 years or older have AFib.\(^2\)
- AF is not life threatening in itself, but is a progressive condition. Left untreated, AF can worsen and the increase in side effects may lead to stroke or heart failure.\(^3\)
- People with AF are five times more likely to experience a stroke.\(^4\)
- Estimates of the prevalence of AF in the United States ranged from approximately 2.7 million to 6.1 million in 2010 and AF prevalence is estimated to rise to 12.1 million in 2030.\(^3,5,6\)
- In the European Union, the prevalence of AF in adults > 55 years of age was estimated to be 8.8 million in 2010 and was projected to rise to 17.9 million in 2060.\(^7\)

DETECTION OF ATRIAL FIBRILLATION

DETECT-AF Study
The 90 patient DETECT-AF study compared an implantable loop recorder to a holter monitor and found:\(^8\)
- AF episodes at least two minutes in length were accurately detected\(^8\)
- 94% episode sensitivity\(^8\)

AF MANAGEMENT

ABACUS Study
ABACUS study: More Patients Properly Detected and More Decisions Made with ICM After Catheter Ablation\(^9\)
- 96% of patient’s AF episodes were detected by their ICM.\(^9\)
- “Conventional Monitoring” missed 29% in first 6 months.\(^9\)
- Rate control and anti-arrhythmic drugs were discontinued more in the ICM arm.\(^9\)
- Asymptomatic AF documented in 70% of patients.\(^9\)

The Rhythm Evaluation for Anticoagulation with Continuous Monitoring (REACT.COM)
Continuous rhythm assessment with an ICM allows for targeted anticoagulation (30 day dosage for AF episode ≥ 1 hour) without compromising stroke risk:\(^10\)
- 94% reduction in total time on novel oral anticoagulants (NOACs).\(^10\)

Differences in AF Detection Over Time

Antiarrhythmic Drug Discontinuation
ATRIAL FIBRILLATION (AF) IS THE MOST COMMON TYPE OF HEART ARRHYTHMIA.¹
CRYPTOGENIC STROKE

Long term monitoring using Cardiac Monitors is now part of the 2016 ESC guidelines for the management of Atrial Fibrillation.11

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Class</th>
<th>Level</th>
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<td>In stroke patients, additional ECG monitoring by long-term non-invasive ECG monitors or implanted loop recorders should be considered to document silent atrial fibrillation.</td>
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CRYSTAL-AF Study

Continuous monitoring using an ICM better detects AF in cryptogenic stroke patients versus standard monitoring.12

- AF detection using an ICM was 84 days (median).12
- At one year, an ICM detected AF in 7.3 times more patients than standard monitoring.12

Detection of Atrial Fibrillation by 6 Months

<table>
<thead>
<tr>
<th>No. at Risk</th>
<th>Class</th>
<th>Level</th>
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<tbody>
<tr>
<td>Control</td>
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<tr>
<td>ICM</td>
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PALPITATIONS

- Palpitations alone usually are not harmful, but, sometimes, they can signal a dangerous arrhythmia.
- In 16% of patients, the etiology of palpitations is unknown.13
- In 43% of patients, palpitations are caused by a heart condition.13
UNEXPLAINED SYNCOPE

2017 ACC/HRS/AHA guidelines now recommend the use of implantable cardiac monitors for patients with syncope.14

An ICM aids in diagnosing the cause of recurrent syncope in 78% of patients.15

- Within one year, 36% of patients who experience a syncope event will have a recurrence.15

Of the 78% of patients who received a cardiac-related diagnosis for syncope,15

- 51% were prescribed a pacemaker.15
- 6% were prescribed an ICD.15
Brief Summary: Prior to using these devices, please review the Instructions for Use for a complete listing of indications, contraindications, warnings, precautions, potential adverse events and directions for use. Unless otherwise noted, *indicates that the name is a trademark of, or licensed to, St. Jude Medical or one of its subsidiaries. ST. JUDE MEDICAL and the nine-squares symbol are trademarks and service marks of St. Jude Medical, LLC and its related companies. © 2017 St. Jude Medical, LLC. All Rights Reserved.


