How common are diabetes and prediabetes in people with atrial fibrillation?

Submission date 27/08/2023	Recruitment status No longer recruiting	Prospectively registered
Registration date	Overall study status	 Protocol Statistical analysis plan
30/08/2023	Ongoing	[_] Results
Last Edited	Condition category	Individual participant data
13/11/2024	Nutritional, Metabolic, Endocrine	[X] Record updated in last year

Plain English summary of protocol

Background and study aims

Type 2 diabetes is a big health problem. Around half of the people who have diabetes don't even know they have it. Finding diabetes early and treating it can really help stop bad things from happening because of the disease.

In the past, scientists found out that many people who had heart attacks also had diabetes or a condition that's like a warning sign for diabetes. Almost two-thirds of people with heart attacks had either new type 2 diabetes or this warning sign, which is called impaired glucose tolerance. But we're not sure if this is the same for people with a heart condition called atrial fibrillation.

So, we're doing this study to figure out how common it is for people with atrial fibrillation to have diabetes or this warning sign for diabetes that we talked about. If we find out that a lot of them do have these glucose problems, it could change how we take care of these patients. Maybe we'll start checking everyone with atrial fibrillation for glucose problems, like we do for people with heart attacks.

Also, we want to see if finding these glucose problems later affects how well a treatment called electrical cardioversion works for people with atrial fibrillation. We're also checking if it makes it more likely for atrial fibrillation to come back or for other heart problems to happen.

Who can participate?

Patients with atrial fibrillation undergoing electrical cardioversion at the Cardiology Department, Danderyd University Hospital who are under 80 years old and have no previous known diabetes.

What does the study involve?

The participants in this study will have an additional appointment at the Cardiology Department following the electrical cardioversion procedure. During this visit, their medical history will be documented and screening for glucose abnormalities will be conducted. The screening involves obtaining a blood sample to assess levels of glycated haemoglobin A1c (HbA1c) and performing an oral glucose tolerance test (OGTT). For the OGTT, a morning blood sample is taken after an overnight fast, followed by another blood sample 2 hours after consuming a sugary drink.

Additionally, blood samples will be collected to analyse various risk markers for cardiovascular disease. Moreover, an echocardiogram will be performed to assess the cardiac function. This comprehensive visit is expected to last approximately 2.5 to 3 hours.

What are the possible benefits and risks of participating?

There are no specific risks involved in participating in this study. A potential benefit is that the results of the blood tests can lead to an earlier initiation of treatment for previously undiagnosed glucose abnormalities.

Where is the study run from? Cardiology Department, Danderyd University Hospital (Sweden)

When is the study starting and how long is it expected to run for? October 2017 to October 2028.

Who is funding the study? Region Stockholm and Stiftelsen Hjärtat (Sweden)

Who is the main contact? Dr. Pia Lundman, pia.lundman@ki.se

Contact information

Type(s) Principal Investigator

Contact name Dr Pia Lundman

Contact details

Department of Clinical Sciences Karolinska Institutet Danderyd Hospital and Department of Cardiology Danderyd University Hospital Stockholm Sweden 18288 +46 739736454 pia.lundman@ki.se

Type(s)

Scientific

Contact name Dr Stelios Karayiannides

ORCID ID http://orcid.org/0000-0002-7826-1302

Contact details Department of Clinical Sciences Danderyd Hospital Stockholm Sweden 18288 +46 812367168 stelios.karayiannides@ki.se

Additional identifiers

EudraCT/CTIS number Nil known

IRAS number

ClinicalTrials.gov number Nil known

Secondary identifying numbers 2017/1878-31/2

Study information

Scientific Title Early Detection of Glucose Abnormalities in Atrial Fibrillation

Acronym

EDGA-AF

Study objectives

To study the prevalence of previously undiagnosed diabetes and prediabetes in individuals with atrial fibrillation undergoing electrical cardioversion and investigate the prognostic importance of these glucose abnormalities in this group of patients.

Ethics approval required

Ethics approval required

Ethics approval(s)

Approved 25/10/2017, Regional Ethical Review Board in Stockholm (Tomtebodavägen 18A, plan 3, Solna, Stockholm, 17165, Sweden; +46 8-52487000; kansli@stockholm.epn.se), ref: 2017/1878-31/2

Study design Single-center observational cohort study

Primary study design Observational

Secondary study design Cohort study

Study setting(s)

Hospital

Study type(s)

Screening

Participant information sheet

Not available in web format please use contact details to request a participant information sheet.

Health condition(s) or problem(s) studied

Prevalence and prognostic importance of previously undiagnosed glucose abnormalities in patients with atrial fibrillation.

Interventions

Study participants (individuals with atrial fibrillation undergoing electrical cardioversion) will be screened for previously undiagnosed glucose abnormalities with a glycated haemoglobin A1c (HbA1c) and a standardised 75-g oral glucose tolerance test (OGTT). Depending on the result of the screening, the study participants will be divided in 3 groups (normal glucose metabolism, prediabetes, diabetes) and followed prospectively for recurrence of atrial fibrillation and for the incidence of death or hospitalization for other cardiovascular disease, such as myocardial infarction, stroke, heart failure. Baseline differences in the echocardiographic and electrocardiographic findings and differences in biochemical variables, such as troponin, pro-BNP, and markers of inflammation and fibrosis, between patients with normal and abnormal glucose metabolism will also be analyzed and described.

Intervention Type

Other

Primary outcome measure

Prevalence of previously undiagnosed diabetes and prediabetes measured at baseline using the recorded values of plasma glucose (fasting or 2-hour value after the Oral Glucose Tolerance Test) or HbA1c according to the criteria set forth by the World Health Organisation (WHO) and American Diabetes Association (ADA).

Secondary outcome measures

1. Recurrence of atrial fibrillation after successful electrical conversion after three months and twelve months, respectively measured using patient records

2. Recurrence of atrial fibrillation or hospitalisation for other cardiovascular disease, such as myocardial infarction, stroke, heart failure and occurrence of death over 3 years measured using patient records

3. Echocardiographic and electrocardiographic findings at inclusion measured by performing a standardised adult transthoracic echocardiography examination and by registering a standard 12-lead electrocardiogram (ECG)

4. Biochemical variables, such as troponin, pro-BNP, and markers of inflammation and fibrosis at inclusion measured by analysis of plasma venous samples in an accredited laboratory

Overall study start date 25/10/2017

Completion date 01/10/2028

Eligibility

Key inclusion criteria

Individuals with atrial fibrillation undergoing electrical cardioversion

Participant type(s)

Patient

Age group

Adult

Lower age limit

18 Years

Upper age limit

80 Years

Sex

Both

Target number of participants 300

Key exclusion criteria

- 1. Diabetes mellitus type 1
- 2. Stage 4 or 5 CKD (GFR<30 ml/min, dialysis).
- 3. Malignant tumor under treatment (or metastatic cancer) with life expectancy <12 months.
- 4. Thyrotoxicosis
- 5. Acute infection and/or chronic inflammatory disease (with highly elevated inflammatory markers and/or ongoing steroid therapy).
- 6. Advanced COPD (e.g. treatment with steroids).

7. Conditions that complicate participation in the study as assessed by the treating physician or the study investigators.

Date of first enrolment

18/10/2018

Date of final enrolment

13/06/2024

Locations

Countries of recruitment Sweden

Study participating centre

Cardiovascular laboratory, KFC

Danderyd University Hospital Entrévägen 2 Stockholm Sweden 18288

Sponsor information

Organisation Stockholm County Council

Sponsor details

Box 30215 Stockholm Sweden 104 25 +46 8-123 100 00 kontakt@regionstockholm.se

Sponsor type Government

Website http://www.sll.se/om-landstinget/Information-in-English1/

ROR https://ror.org/02zrae794

Organisation Karolinska Institutet

Sponsor details Department of Clinical Sciences Danderyd Hospital Stockholm Sweden 18288 +46 8-524 800 00 tomas.jernberg@ki.se

Sponsor type University/education

Website

https://ki.se/kids

ROR https://ror.org/056d84691

Funder(s)

Funder type Government

Funder Name Stockholms Läns Landsting

Alternative Name(s) Stockholm County Council

Funding Body Type Government organisation

Funding Body Subtype Local government

Location Sweden

Funder Name Stiftelsen Hjärtat

Results and Publications

Publication and dissemination plan Planned publication in a high-impact peer-reviewed journal

Intention to publish date

01/10/2029

Individual participant data (IPD) sharing plan

The datasets generated during and/or analysed during the current study will be available upon request from the principal investigator of the study. pia.lundman@ki.se

IPD sharing plan summary Available on request