

Biomarker-supported detection of paroxysmal atrial fibrillation in patients with cerebral ischemia.

Submission date 04/01/2010	Recruitment status No longer recruiting	☐ Prospectively registered ☐ Protocol
Registration date 17/02/2010	Overall study status Completed	☐ Statistical analysis plan ☒ Results
Last Edited 23/09/2019	Condition category Circulatory System	☐ Individual participant data

Plain English summary of protocol
Not provided at time of registration

Contact information

Type(s)
Scientific

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Additional identifiers

Protocol serial number
Protocol 23/11/08 EC UMG

Study information

Scientific Title

A longitudinal cohort study in patients presenting with acute cerebral ischemia to identify factors that are predictive individually or in combination for a diagnosis of atrial fibrillation during 12 months of follow-up.

Acronym

Find-AF

Study objectives

Novel biomarkers will improve the diagnosis of paroxysmal atrial fibrillation in patients presenting with cerebral ischemia.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Approved by local ethics committee of the medical faculty of the university of Goettingen, Germany, on the 27th of January 2009 (ref: 23/11/08)

Primary study design

Observational

Study design

Single centre observational longitudinal cohort study

Study type(s)

Diagnostic

Health condition(s) or problem(s) studied

Cerebral ischemia, Atrial fibrillation

Interventions

Serial biomarker sampling for the identification of novel biomarkers to be used in the diagnosis of atrial fibrillation.

Blood samples will be collected at 0, 6 and 12 hours after presentation. The primary marker will be the value of the change of natriuretic peptides over time after presentation, calculated as ratio N-terminal pro B-type Natriuretic Peptide (NT-proBNP) at 0h / NT-proBNP at 24h.

All patients will also undergo transthoracic echocardiography.

7-day Holter monitoring, 90-day telephone follow-up and 12 months clinical follow-up will be used to optimize detection of atrial fibrillation as the endpoint for which blood markers, clinical characteristics and echocardiographic markers may show prognostic value.

Intervention Type

Other

Phase

Not Specified

Primary outcome(s)

Diagnosis of atrial fibrillation from baseline up to 12 months follow-up

Key secondary outcome(s)

Major adverse cerebral or cardiovascular events (MACCE)

Completion date

28/02/2011

Eligibility**Key inclusion criteria**

1. Cerebral ischemia, i.e. transient ischemic attack (TIA) or stroke
2. Ability and willingness to consent
3. Age > 18 years

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Lower age limit

18 Years

Sex

All

Total final enrolment

211

Key exclusion criteria

1. Inability or unwillingness to consent
2. Age < 18 years
3. Cerebral haemorrhage

Date of first enrolment

01/03/2009

Date of final enrolment

28/02/2011

Locations**Countries of recruitment**

Germany

Study participating centre

Department of Cardiology and Pneumology
Goettingen
Germany
37075

Sponsor information

Organisation

University Hospital Goettingen (Germany) - Department of Cardiology and Pneumology

ROR

<https://ror.org/021ft0n22>

Funder(s)

Funder type

Hospital/treatment centre

Funder Name

University Hospital Goettingen (Germany) - Department of Cardiology and Pneumology

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary

Not provided at time of registration

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	01/12/2010		Yes	No
Results article	results	28/06/2013		Yes	No
Results article	cost-effectiveness results	01/12/2013		Yes	No
Results article	results	01/11/2019	23/09/2019	Yes	No