

## 2. Therapy monitoring – atrial fibrillation

As a basic principle, it is important to have a performance review as quickly as possible in the case of a change of therapy. **clue medical** makes it possible to receive patients' ambulant recordings just a few hours after the change of therapy. It is thus possible to monitor patients outside the hospital and to detect the success or failure of a therapy in order to be able to introduce changes to the action being taken if necessary.

### Case study:

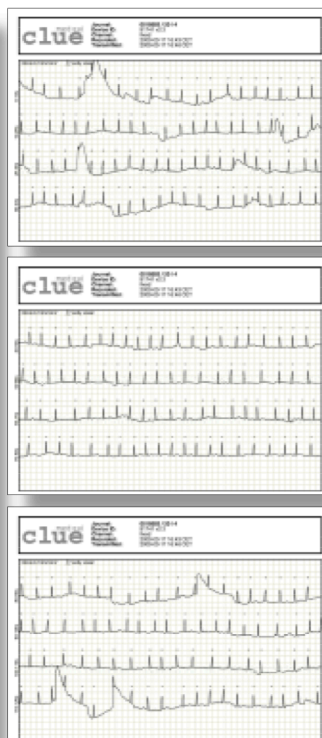
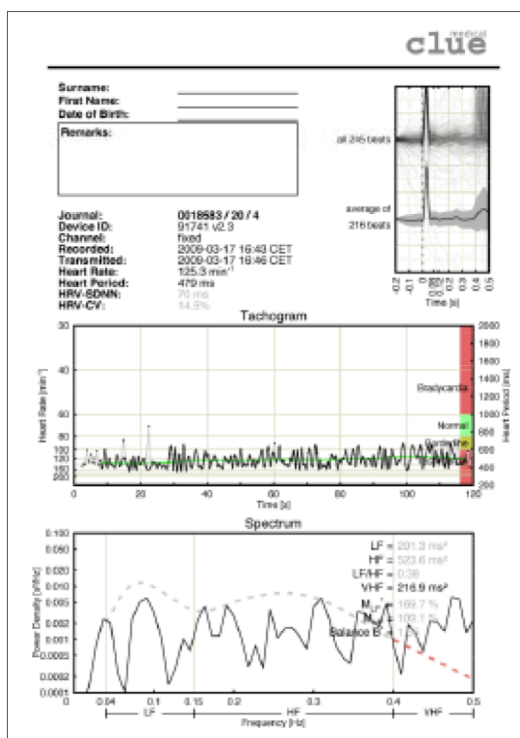
The 63-year-old patient, G. S., has already undergone cardioversion once on account of atrial fibrillation and continues to complain of paroxysmal (episodic) atrial fibrillation.

Since the patient had just mild symptoms following a longer period of undergoing a beta blocker therapy, and attacks only appeared infrequently, he visited the outpatient clinic on account of tachycardia.

A tachycardic atrial fibrillation with an average rate of more than 120/minute could be found in the rest ECG documented there. The atrial fibrillation lasted several days and had a tendency to be on the higher end of the scale. The patient wanted to start a medical trial therapy and was reluctant to undergo a further cardioversion.

A decision was taken to give the patient a **clue medical** appliance to take away. It was intended that the patient should now record ECG's several times per day and document the changes in medication. The patient was transferred from a standard beta blocker onto Sotalol 3 times 80 mg. The patient was introduced to **clue medical** in the outpatient clinic and a first recording was carried out. (See illustration 1 of the first recording.) The idea was to monitor the therapy and, as rapidly as possible, to either confirm the success or to see that the change in therapy didn't show any success in order to then start a cardioversion if need be. The next day it was already possible to show that the atrial fibrillation had largely been suspended under the Sotalol therapy and that there were only brief paroxysmal episodes (illustration 2). The patient was in a stable sinus rhythm just 2-3 days following the change of therapy, which could be thoroughly documented by means of clue medical (illustration 3). The patient meanwhile sends ECG's several times per week. These show that the patient is in a stable sinus rhythm most of the time, apart from a few brief episodes of atrial fibrillation.

Illustration 1



### The employment of clue medical

**clue medical** should be employed in all ambulant changes of therapy. It is therewith possible to very rapidly detect all successes or failures and not simply wait for the next check-up, which may only take place weeks later.