Finding SUbcliNical atRial fIbrillation in Stroke patiEnts

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In adults patients with ischemic stroke and transient ischemic attack, how often does (subclinical) AF occur?

Ethical review	Approved WMO
Status	Recruiting
Health condition type	Cardiac arrhythmias
Study type	Observational non invasive

Summary

ID

NL-OMON56866

Source
ToetsingOnline

Brief title
SUNRISE

Condition

- Cardiac arrhythmias
- Central nervous system vascular disorders

Synonym
atrial fibrillation, cardiac arrhythmia

Research involving
Human

Sponsors and support

Primary sponsor: Radboud Universitair Medisch Centrum
Source(s) of monetary or material Support: EU

Intervention

Keyword: Atrial fibrillation, Cognition, MRI, Stroke

Outcome measures

Primary outcome

occurrence of (subclinical) AF.

Secondary outcome

Risk factors for AF

Cognitive deficits

Depression, fatigue, return to work and quality of life

Study description

Background summary

Atrial fibrillation (AF) is the most frequent cause of cardioembolic stroke, with increasing prevalence and incidence, especially in older patients. Up to 25% of all ischaemic strokes can be attributed to AF, either previously known or detected during diagnostic workup after a stroke. Identification of AF is essential, as anticoagulant treatment, which is only given if AF is detected, is highly effective for the prevention of ischaemic stroke recurrence. In patients with no history of AF, it can sometimes be difficult to detect AF given its paroxysmal and asymptomatic occurrence.

Study objective

In adults patients with ischemic stroke and transient ischemic attack, how often does (subclinical) AF occur?

Study design

Single center prospective cohort study

Study burden and risks

All patients will be contacted by phone at 3, 6 and 12 months, and they will be

administered questionnaires related to incident (cardio)vascular disease and cognitive impairment. In addition, blood will be collected once. During admission, in addition to the stroke diagnostic workup, in a subset of patients, cognitive screening, MRI and physical activity will be performed. Afterwards, patients will visit the research center for cognitive screening, MRI assessment and physical activity (at 3 and 12 months).

Contacts

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Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age
Adults (18-64 years)
Elderly (65 years and older)

Inclusion criteria

• Patients with the diagnosis of ischaemic stroke with neuroimaging confirmation of cer-ebral ischemia (tissue-based definition), either with CT or MRI
• Age 18 years or older, both male and female

• Written consent by patients or legal representative
• Diagnosis with and without atrial fibrillation

Exclusion criteria

• Unable or unwilling to participate or consent
• For the MRI-substudy: Unwillingness to undergo MRI, or contra-indication for MRI
• Pregnancy

Study design

Design

Study type: Observational non invasive

Masking:	Open (masking not used)
Control:	Uncontrolled
Primary purpose:	Basic science

Recruitment

NL

Recruitment status:	Recruiting
Start date (anticipated):	23-09-2024
Enrollment:	500
Type:	Actual

Ethics review

Approved WMO Date:	03-07-2024
Application type:	First submission
Review commission:	CMO regio Arnhem-Nijmegen (Nijmegen)
Approved WMO Date:	11-09-2024
Application type:	Amendment

Review commission: CMO regio Arnhem-Nijmegen (Nijmegen)

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
CCMO	NL86346.091.24