

Editorial

Atrial Fibrillation and Heart Failure. Time to Change the Approach?

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Congestive heart failure is a prevalent disease in the Western society. Recent data determine the approximately 2% of the world population have heart failure with impressive 10% among people older than 70 years. Atrial Fibrillation (AF) is the most frequent sustain arrhythmia and his incidence increase with age and some comorbidities approximately 20% of Heart Failure (HF) patients have AF, and it worst this patients prognosis increasing in 1.2 times the risk for death and hospitalization [1-3].

The coexistence of atrial fibrillation and heart failure is associated with several clinical end points. AF not only increases the risk of death in HF patients but also increase the risk of thromboembolic complications if not properly anticoagulated patients [1-4].

Although the prognosis is better in heart failure patients in sinus rhythm, previously studies failed to show superiority in the rhythm control therapy with Antiarrhythmics Drugs (AAD) against the rate control therapy in patients with atrial fibrillation and heart failure. Catheter ablation shown to be superior to AAD in maintenance of the sinus rhythm and also improve exercise capacity, quality of life and symptoms [1,4-6].

Recently was published the CASTLE AF, trying to answer a very ancient question in HF, is better to control the heart rate frequency or should we try to get to the physiological rhythm? It was 363 patients randomized in 2 strategies (catheter ablation and medical therapy), and one very interesting data is that all patients had a device that controlled the atrial fibrillation burden [7].

The results of AF burden wasn't suprising at all, but the most impressive data was the reduction of primary end-point of death

or hospitalization for worsening heart failure with a NNT of 6.2 in favor of ablation therapy. With early benefits, the Kaplan Meyer curve opens before one year. And another interesting data is the increase of mean ejection fraction of 8%, achieving from 2.2 to impressive 19.1% [7].

At the moment, ablation for AF in heart failure is class IIb of the ESC guidelines but after castle AF we probably are going to have some changes [1].

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