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Which patients with atrial fibrillation undergo an ablation procedure today in Europe? A report from the ESC-EHRA-EURObservational Research Programme

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Topic(s):
Rhythm Control, Catheter Ablation

Citation:

Funding Acknowledgements:
Abbott Vascular Int.; Amgen Cardiovascular, AstraZeneca, Bayer, Boehringer Ingelheim, Boston Scientific, Bristol Myers Squibb and Pfizer Alliance

Aims

Great heterogeneity in rhythm control management of patients with atrial fibrillation (AF) has been described. The aim of this study was to investigate how selective the patient cohort referred for AF ablation is, as compared to the general AF population in Europe, and to describe the governing mechanisms for such selection.

Methods

Descriptive comparative statistical analyses of the baseline characteristics were performed between the cohorts of Atrial Fibrillation Ablation Long-Term (ESC-EORP EHRA AFA-LT) Registry, designed to provide a picture of contemporary real-world AF ablation, and the AF population from the AF-General (ESC-EORP EHRA AF-Gen) PilotRegistry. Data collection was performed using a web-based system.

Results

In the AFA and in the AFG pilot registries 3593 and 3049 patients were enrolled, respectively. Patients who underwent AF ablation were younger, more commonly male, and had significantly less co-morbidities. Lone AF was predominant in AFA patients who were at lower risk of stroke (CHA2DS2-VASc >5: 2.9% vs. 24.5%, all
P<0.001) and bleeding (HAS-BLED =2: 8.5% vs. 40.5%, P<0.001) but with EHRA scores >1 and more prevalent AF-related symptoms such as palpitations, fatigue and weakness (all p <0.001) as compared to the general AF patients. AFA patients were significantly more often male, had higher LV ejection fraction (59.5% vs. 52.4%) and smaller left atrial size on echocardiogram (P<0.001 each).

Conclusions

The comparison of the patient cohorts in the AFA and AFG registries showed that AF ablation in European clinical practice is mostly performed in relatively young, symptomatic and otherwise relatively healthy patients.