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REVIEW

Update on atrial fibrillation



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Obstructive sleep apnea;
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Abstract Atrial fibrillation (AF) is the most common sustained arrhythmia encountered in clinical practices with significant morbidity, mortality and socioeconomic burden. Its prevalence and incidence are on the rise due to an increase in population age. AF has complex electrophysiological mechanisms, etiology and natural history and thus management is a challenge. More than 80% of cases in AF are related to an underlying structural heart disease. Stroke and congestive heart failure remain the most significant complications of AF. Depending on the patient's symptoms, duration and type of AF, structural heart disease and non-cardiac comorbidities, several management options are currently available. Asymptomatic AF carries similar risks as symptomatic AF. Rate control approach in majority of cases especially elderly patients is reasonable. Novel anticoagulation agents have shifted the paradigm in stroke prevention and management in patients with AF. Catheter ablation of paroxysmal AF in patients with no to minimal structural heart disease who have failed at least one antiarrhythmic agent appears reasonable.

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1. Introduction

Atrial fibrillation (AF) is the most common sustained arrhythmia worldwide with a current prevalence of 2.7–6.1 million in

the United States and Europe with an estimated increase of 15.9 million in 2050.¹ We first discuss selected topics on etiologies followed by current management options and future directions.

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