Correspondence

Letter by Sardana Regarding Article, “Long-Term Outcomes of Secondary Atrial Fibrillation in the Community: The Framingham Heart Study”

To the Editor:

I read with keen interest the study by Lubitz et al1 that clearly highlights the long-term outcomes in patients with secondary atrial fibrillation (AF). Increased risk of stroke, heart failure, and recurrent AF was observed, which is consistent with prior observations. Multiple large, randomized trials and meta-analyses2,3 have emphasized the role of prolonged ambulatory cardiac monitoring after cryptogenic stroke in detecting AF. The study by Lubitz et al suggests the potential role of similar monitoring strategies for patients with secondary AF. Because the optimal duration for such strategies is unknown, a very practical way to approach this might be to implement continuous heart rate monitoring by the burgeoning field of wearable technology (Apple Watch, Basis Peak, Fitbit PurePulse, etc). Specifically, wearable ECG sensors are increasingly more advanced and affordable. Moreover, these new technologies, which remotely connect to cell phones, reliably monitor other parameters of physical activity4 and rest (sleep), making them lucrative tools to identify additional risk factors for adverse outcomes in these patients.

Although the role of newer oral anticoagulants in cryptogenic stroke is currently being investigated (Rivaroxaban Versus Aspirin in Secondary Prevention of Stroke and Prevention of Systemic Embolism in Patients With Recent Embolic Stroke of Undetermined Source [NAVIGATE ESUS], Dabigatran Exetilate for Secondary Stroke Prevention in Patients With Embolic Stroke of Undetermined Source [RE-SPECT ESUS]), current research is insufficient to support anticoagulation strategies for secondary AF patients. Lubitz et al observed that 73% of secondary AF episodes were associated with acute infections and surgeries. Because these patients are more likely to be admitted to noncardiology services, the importance of documenting the diagnosis of secondary AF during index hospitalization should be emphasized to house officers and attending physicians. Recurrence of similar episodes or embolic phenomena during subsequent clinical encounters is likely to affect the management of these patients. Similarly, telemetry monitoring during any subsequent hospitalizations might also increase the yield of detecting future AF episodes.

An emerging question is whether the use of wearable technology to detect primary and secondary AF in patients at risk can affect the healthcare burden of stroke and heart failure in a cost-effective manner. If this is proven, the hope is that one day Medicare will cover the Apple Watch (or similar gadgets) for patients, but we are far from that.

Disclosures

None.

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References

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Circulation. 2015;132:e393
doi: 10.1161/CIRCULATIONAHA.115.017327
Circulation is published by the American Heart Association, 7272 Greenville Avenue, Dallas, TX 75231
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Print ISSN: 0009-7322. Online ISSN: 1524-4539

The online version of this article, along with updated information and services, is located on the World Wide Web at:
http://circ.ahajournals.org/content/132/25/e393

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