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Establishing Atrial Fibrillation Clinics: If not now, When?

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ABSTRACT

Background and objectives: Atrial Fibrillation (AFib) is the most common arrhythmia, associated with considerable morbidity and mortality. It affects 8% population and its incidence rises with age. The consequences of untreated or poorly treated Afib are grave, therefore, appropriate management of this condition should occupy high priority.

Discussion: AFib clinic provides a prompt, well-organized, and conclusive approach to managing affected patients. The essence of such a set-up lays in providing frequent monitoring to the patient in well-equipped centres with specialized doctors and trained staff. Worldwide AFib clinics have shown evidence of morbidity, mortality, and cost-benefits.

Conclusion: In developing countries such as Pakistan with less budget granted to health care, specialized AFib clinics could save cost, besides providing better health care outcomes to the patients. It is crucial to establish such focused AFib care centres urgently.

Globally, atrial fibrillation (AFib) is the most common sustained cardiac arrhythmia encountered nowadays, which carries significant morbidity and mortality. Its prevalence increases with age, affecting 8% of the population over 80 years of age. It is a major public health problem as it is a widespread disease with serious complications. AFib extends beyond the domains of cardiology. Its risk factors, i.e. hypertension, thyrotoxicosis, diabetes mellitus besides underlying cardiac pathology, encompass various medical fields. It affects 2.2% of pregnant ladies with 39.2% having recurrent AFib [1]. A rising trend of AFib is found in diabetics and those with liver disease. Therefore, health care professionals in different medical fields need to be aware of it. Timely diagnosis and management of atrial fibrillation are important as delays can produce serious and potentially life-threatening complications. AFib is strongly associated with underlying cardiac pathologies, including prior myocardial infarction. A single attack of AFib in these patients can lead to heart failure and cardiac arrest. AFib in cardiac and non-cardiac patients can cause a severe stroke. These patients have a four to fivefold increased risk of ischemic stroke leading to lifetime disability [2]. The diagnosis of AFib is straightforward. It causes the patient's pulse to become irregularly irregular. Therefore, careful assessment of the patient's pulse for rhythm can identify AFib before electrocardiogram (ECG) confirmation. Thus, the global burden of this disease can be reduced by adopting certain basic strategies:

1. In every patient, the pulse should be carefully assessed for any irregularity or missing beats for at least 15 seconds.
2. ECG should be mandated in all patients having missing beat, irregular pulse, or palpitation for any abnormality.
3. Seminars and campaigns should be conducted to create widespread awareness of this disease.

4. Above all, the government should put the foundation for AFib clinics in all tertiary care hospitals in Pakistan along with an anti-coagulation clinic for these patients.

As previously mentioned, AFib is a severely disabling disease with deadly implications if left untreated. Untreated AFib increases your risk of stroke and heart failure [3]. The atria contract chaotically during AFib. The electrical signals in the upper chambers of the heart become chaotic, disordered, and fast, and they override the sinus node signals. Because the atria are not effectively pumping blood, blood pools and becomes trapped in the grooves of the heart. Blood clots may develop and lodge into the vessels in the brain [3]. Therefore, AFib patients are three to five times more likely to suffer an ischemic stroke. Heart failure can also result from AFib [3]. Heart failure occurs when the heart can not circulate enough blood to fulfil your body's demands. The irregular, rapid heartbeat of AFib causes inefficient blood pumping, which, if not managed, can damage the heart [3]. There are many obstacles to successfully treating AFib sufferers. This encompasses everything from poorer treatment to increased expenses in traditional healthcare systems. This is where new and specialist AFib clinics enter the picture. Decreased health-care expenditures per patient ($\text{€}2.302 \pm 5.506$) compared with the usual care ($\text{€}3.037 \pm 5.987$), increased cost efficiency, and a lower incidence of AF-related hospitalizations and stroke are some benefits of this innovative approach.[4,5], With this editorial, we want to highlight that AFib clinics represent a groundbreaking step toward making AFib therapy more cost-effective and widespread. If such an innovative technique is implemented in Pakistan, mortality, morbidity and hospitalizations rate because of AFib could be improved where the healthcare system is under-funded already.

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