

In Atrial Fib, Quality of Life Shifts for Spouses, Too

BY SHERRY BOSCHERT
San Francisco Bureau

SAN FRANCISCO — Atrial fibrillation affects the quality of life of both patients and their spouses in equal measure, a survey of 264 patients and 94 spouses suggests.

"When you're educating patients about atrial fibrillation, it's important to educate the spouses as well," Dr. Bruce A. Koplan said at the annual meeting of the Heart Rhythm Society. "Don't leave the spouses sitting out in the waiting room. Encourage patients to bring in their spouses for their clinic visit, especially the first visit, when they're learning about the condition."

Asked to rate the extent of the effect of atrial fibrillation on their quality of life, 45% of patients and 43% of spouses said it had no effect or a minor effect, 29% of patients and 26% of spouses noted a moderate effect, and 26% of patients and 31% of spouses noted a significant effect. Differences between groups were not statistically significant.

Ratings also did not differ between patients and spouses when asked about the effects of atrial fibrillation on specific aspects of quality of life, including daily activities, work/professional life, and sex life.

The effects of atrial fibrillation on the quality of daily activities were rated mild by 56% of patients and 54% of spouses, rated as moderate by 30% of patients and 36% of spouses, and rated as significant by 12% of patients and 10% of spouses.

Atrial fibrillation had a mild effect on the quality of work/professional life, according to 72% of patients and 80% of spouses. Another 19% of patients and 14% of spouses reported a moderate effect, and 29% of patients and 26% of spouses reported a significant effect on the quality of work/professional life.

The effects on the quality of sex life were rated as mild by 62% of each group, as moderate by 14% of patients and 13% of spouses, and as significant by 23% of patients and 24% of spouses.

"Atrial fibrillation [alone] is almost never a life-threatening condition," Dr. Koplan noted. "When we treat atrial fibrillation, we're reducing the risk of stroke and we're reducing the fast heart rate, but the other important aspect in management is the effect it has on overall quality of life, not quantity of life."

Anxiety about atrial fibrillation and lack of understanding of the condition play a role in perception of quality of life. Some patients end up on psychiatric medications to deal with anxiety or depression related to atrial fibrillation. "If you're not addressing the spouse as well, you're not completely dealing with the condition," said Dr. Koplan, of Brigham and Women's Hospital, Boston.

Patients with atrial fibrillation were significantly older (67 years on average), compared with spouses (63 years), with significantly more men (65% vs. 25%, respectively).

Dr. Koplan has been a consultant for and received honoraria from Boston Scientific, Medtronic, St. Jude Medical, and St. Jude Inc. ■

Postmenopausal Women on Statins Are Less Prone to AF

BY SHERRY BOSCHERT
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SAN FRANCISCO — Postmenopausal women with coronary heart disease were less likely to develop atrial fibrillation if they were taking statins, a secondary analysis of data on 2,673 patients found.

The prevalence of atrial fibrillation was 65% lower, and the incidence was 55% lower, in women on statin therapy after adjustment for the effects of age, race, heart failure, or history of MI or revascularization. Several previous studies have shown a reduced risk for atrial fibrillation in patients with coronary disease on statins, but those cohorts were 75% male. This is the first study to show a specific benefit in women, Dr. Cara N. Pellegrini of the University of California, San Francisco, and her associates reported at the annual meeting of the Heart Rhythm Society.

The findings are not a reason to use statins specifically to prevent atrial fibrillation in this population, but do provide another reason for women with coronary disease who are on statins to keep taking them, said Dr. Pellegrini, who reported no potential conflicts of interest related to the study.

The data came from the Heart and Estrogen-Progestin Replacement Study (HERS) of 2,763 postmenopausal women with coronary heart disease who were randomized to treatment with hormone replacement therapy or placebo, and followed for cardiovascular outcomes for more than 4 years. The current analysis excluded 90 women because of the presence of other arrhythmias at enrollment.

Compared with the women with no atrial fibrillation during the study, the 88 patients (3% with atrial fibrillation) were significantly more likely to be older (70 years vs. 67 years), have a history of heart failure (35% vs. 12%), and be on an antiarrhythmic medication (5% vs. 1%). In the atrial fibrillation group, 22% were on statins, compared with 37% who did not have atrial fibrillation, a significant difference.

Although statin therapy protected against atrial fibrillation in several previous studies, mostly in men, atrial fibrillation is different in women. They are more likely to have higher heart rates in atrial fibrillation, and to develop paroxysms, thromboembolism, or bleeding, among other differences. Such differences prompted the current study, Dr. Pellegrini said.

An increasing understanding of inflammation's role in atrial fibrillation has increased exploration of nonantiarrhythmic agents such as statins for prevention of atrial fibrillation. Previous studies linking atrial fibrillation and inflammation focused on men and did not look at community-based populations, which the HERS trial did. ■

Data Support Assessing Heart Health in Children With NAFLD

BY MARY ANN MOON
Contributing Writer

Overweight or obese children who have nonalcoholic fatty liver disease appear to be at high risk of developing cardiovascular disease, according to study findings.

This subset of overweight children also appears to have a high incidence of metabolic syndrome and to be at risk for developing type 2 diabetes and end-stage liver disease, reported Dr. Jeffrey B. Schwimmer of the University of California, San Diego, and his associates.

The investigators examined the link between nonalcoholic fatty liver disease (NAFLD) and metabolic syndrome because data on this association in the pediatric population are sparse.

The study findings showed that cardiovascular health must be addressed in any overweight child found to have NAFLD. Those who are unable to improve sufficiently with lifestyle modification "will likely receive pharmacotherapy for . . . hypertension or dyslipidemia," even though the data on such medications in this population are insufficient, and it is unclear whether such treatments "have a beneficial, neutral, or deleterious effect on the natural history of NAFLD," the researchers wrote.

The researchers studied 300 overweight or obese boys and girls aged 5-17 years (mean age 13 years). Half of these subjects had biopsy-proven NAFLD and the other half, who served as controls, did not. The two groups were well matched for age and severity of obesity. The researchers used overweight or obese children as controls because the "vast majority" of children with NAFLD are overweight or obese, they noted.

Metabolic syndrome was defined as a clustering of at least three of five risk factors for cardiovascular disease and type 2 diabetes: abdominal obesity, high triglycerides, low HDL cholesterol, ele-

vated blood pressure, and impaired fasting glucose. The incidence of all these measures was significantly greater in the children with NAFLD than in the control children. The incidence of metabolic syndrome was significantly higher in the children with NAFLD (50%) than in the controls (15%).

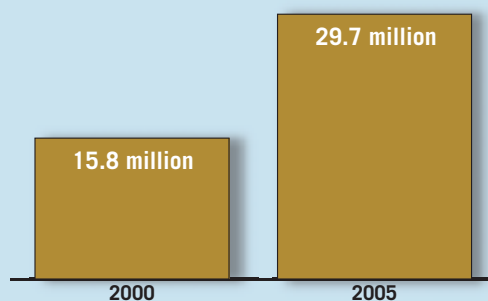
Moreover, after the data were adjusted to account for age, sex, race, body mass index, and hyperinsulinemia, children with metabolic syndrome had five times the odds of having NAFLD than did those without metabolic syndrome, the investigators said (*Circulation* 2008 doi:10.1161/circulationAHA.107.739920).

This "demonstrates that obese children and adolescents with a definitive diagnosis of NAFLD have a more severe cardiovascular risk profile than [do] age-, sex-, and BMI-matched peers," Dr. Schwimmer and his associates noted.

The findings also suggest that fat accumulation in the liver "may play a more important role than obesity itself in determining the risk for 'weight-related' metabolic comorbidities," they added. ■

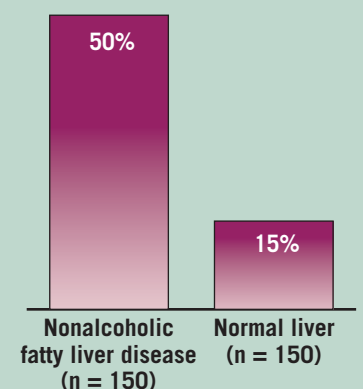
DATA WATCH

Number of People Buying Statins Increased by Nearly 88% Over 5 Years



Note: Based on prescriptions purchased in an outpatient setting.
Source: Agency for Healthcare Research and Quality

Prevalence of Metabolic Syndrome in Overweight Or Obese Children



Note: Children had a mean age of 13 years.
Source: *Circulation*