

Compared with men, women with AFib have more symptoms, worse quality of life, although higher survival

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In a study published online by *JAMA Cardiology*, Jonathan P. Piccini, M.D., M.H.S., of Duke University Medical Center, Durham, N.C., and colleagues examined whether symptoms, quality of life, treatment, and outcomes differ between women and men with atrial fibrillation.

Atrial fibrillation (AF) is a growing and costly public health problem, and despite the frequency of AF in clinical practice, relatively little is known about sex differences in symptoms and quality of life (QoL) and how they may affect treatment and outcomes. For this study, the researchers included 10,135 patients from the Outcomes Registry for Better Informed Treatment of Atrial Fibrillation, a nationwide, multicenter outpatient registry of patients with incident and prevalent AF enrolled at 176 sites between June 2010 and August 2011.

Overall, 4,293 of the cohort (42 percent) were female. Compared with men, women were older (77 vs 73 years). The authors write that there were 4 main findings in this study: women have more symptoms, more functional impairment, and worse QoL despite less persistent forms of AF; after adjustment, women were more likely to undergo atrioventricular node ablation (an ablative procedure performed in patients with [atrial fibrillation](#) when medications do not work to control fast heart rates); women experienced a higher risk for stroke or systemic embolism; in terms of overall outcomes, despite worse QoL and a higher risk for stroke, women had higher risk-adjusted survival and lower risk-

adjusted cardiovascular death. "The reasons for this stroke-survival paradox may have important implications for AF-directed therapies in women and men."

"Future studies should focus on how [treatment](#) and interventions specifically affect AF-related quality of life and [cardiovascular outcomes](#) in [women](#)."

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