

# Atrial fibrillation hospitalizations rise as mortality rates decline

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Credit: Yale University

Patients with atrial fibrillation—the second most common cardiac condition—are hospitalized more frequently than in the past, but their survival rates are improving, says a new Yale-led study.

The study was published in *Circulation*.

Atrial fibrillation, or AFib, causes [irregular heart rhythm](#) and affects at least 2.3 million Americans. Recent advances in treatment have improved symptoms and quality of life for [patients](#). Yet little data exists on hospitalizations and long-term outcomes.

The Yale-led team of researchers analyzed data on Medicare fee-for-service patients, aged 65 and older, between 1999 and 2013. For patients with AFib, they evaluated rates of hospitalization, length of stay, in-hospital mortality, and costs. They also assessed long-term outcomes such as readmissions and mortality at 30 days and one year after hospitalization.

The researchers found that hospitalizations rose by nearly 1% per year and that costs per stay substantially increased. They also discovered declines in the 30-day readmission rate, as well as decreases in the 30-day and 1-year mortality rates.

"The more intensive and costly inpatient care that we're providing for AFib recently is associated with decreasing rates of readmission and both short- and longer-term death rates," said first author Dr. James Freeman, assistant professor of medicine (cardiology) and first author.

While the study was not designed to determine causality for these trends, Freeman noted the rise in several new AFib treatments over the study period, including increased use of catheter ablation and arrhythmia medications, which help restore normal heart rhythm. The use of ablation in particular has increased in tandem with the improvements in hospitalizations and death rates, he said.

**More information:** James V. Freeman et al. National Trends in Atrial Fibrillation Hospitalization, Readmission, and Mortality for Medicare Beneficiaries, 1999-2013, *Circulation* (2017). [DOI: 10.1161/CIRCULATIONAHA.116.022388](#)

Provided by Yale University

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