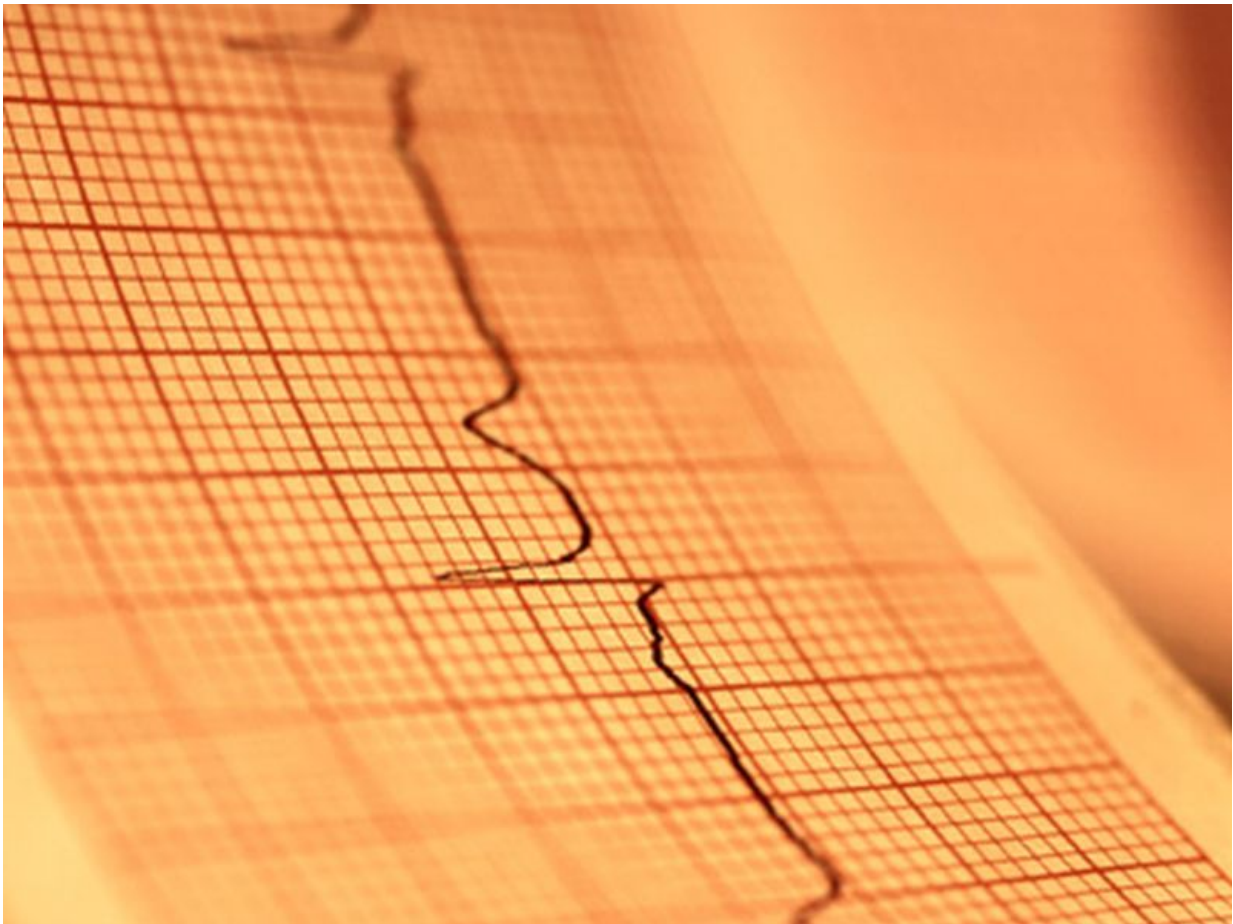


Risk factors explain most heart failure risk in incident A-fib

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(HealthDay)—Four modifiable factors account for most of the

population attributable risk of heart failure among women with new-onset atrial fibrillation (AF), according to a study published online June 14 in *JACC: Heart Failure*.

Neal A. Chatterjee, M.D., from Brigham and Women's Hospital in Boston, and colleagues assessed 34,736 participants in the Women's Health Study free of prevalent cardiovascular disease at baseline to identify modifiable risk factors.

The researchers found that new-onset AF correlated with increased risk of [heart failure](#) in multivariable models (hazard ratio, 9.03). Once women with AF developed heart failure, there was an increase in all-cause and cardiovascular mortality (hazard ratios, 1.83 and 2.87). Systolic blood pressure >120 mm Hg, [body mass index](#) ≥ 30 kg/m², current tobacco use, and diabetes mellitus correlated with incident heart failure in models accounting for changes in risk factors after AF diagnosis. An estimated 62 percent of the population attributable risk of heart failure was explained by the combination of these four risk factors. Women who maintained or achieved optimal risk factor control had a progressive decreased risk of heart failure compared to women with three or four risk factors (hazard ratios for two, one, or no risk factors, 0.60, 0.40, and 0.14, respectively).

"In women with new-onset AF, modifiable [risk factors](#), including obesity, hypertension, smoking, and diabetes, accounted for the majority of the population risk of heart failure," the authors write.

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