

Hospital admissions for AFib rise with daylight saving time transition

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Hospital admissions for atrial fibrillation (AFib), the most common type of irregular heartbeat, rise in the days following the spring transition of daylight saving time, according to preliminary research to be presented in Chicago at the American Heart Association's Scientific Sessions 2018.

At least 2.7 million and possibly as many as 6.1 million American adults are living with [atrial fibrillation](#), or AFib, which can lead to blood clots, stroke, heart failure and other heart-related complications.

Daylight saving time is the practice of setting clocks forward one hour from standard time during the summer months, and back again in the fall, to make better use of [natural daylight](#). Studies have shown the time transitions can diminish sleep quality, increase traffic accidents—even increase risks of heart attack and stroke, researchers said.

Researchers examined nearly 6,300 records of patients (age 18 to 100) admitted to Montefiore Medical Center for AFib between 2009 and 2016.

They found that on the Monday to Thursday following the start of the spring time transition, when people "spring" forward and lose an hour of sleep, there were 3.13 AFib hospital admissions a day compared to the yearly average of 2.56 daily admissions for the same days. There was no notable difference in AFib admissions for the Monday to Thursday following the autumn transition, or end of daylight saving time.

The correlation between daylight saving time transition and AFib incidence adds to evidence that [daylight saving time](#) transitions have negative health consequences, the authors note.

Provided by American Heart Association

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