

# Study finds link between racial, socioeconomic factors and atrial fibrillation treatment

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Even though the use of rhythm control strategies for treating Paroxysmal

Atrial Fibrillation (AF), a common abnormal heart rhythm, have increased overall in the United States, patients from racial and ethnic minority groups and those with lower income were less likely to receive rhythm control treatment—often the preferred treatment—according to new research from the Perelman School of Medicine at the University of Pennsylvania. The study is published in the *JAMA Network Open*.

"Research has demonstrated the pervasive impact of structural racism on health outcomes among minoritized patients. We know, for instance, that there is less use of novel cardiovascular therapies among Black, Latinx, and patients of lower socioeconomic status," said the study's lead author, Lauren Eberly, MD, MPH, a cardiology fellow at the University of Pennsylvania. "That's why we wanted to evaluate the rates of antiarrhythmic drugs and [catheter ablation](#) and investigate for the presence of inequities to see how we can do better from an equity standpoint."

Atrial Fibrillation is the most common sustained heart [rhythm](#) disorder, and is the cause of significant complications including heart failure and stroke, which can be deadly for some patients. The two forms of rhythm control are antiarrhythmic drugs and [catheter](#) ablation, which aims to eliminate the sources of [atrial fibrillation](#). Evidence suggests that when doctors pursue these rhythm control strategies early in the course of the patient's disease, they are more likely to successfully control the condition, and long term cardiovascular outcomes are improved.

Researchers examined data from October 2015 to June 2019 from more than 100,000 diverse, commercially insured patients, and found that from 2016 to 2019 the cumulative percentage of patients treated with antiarrhythmic drugs and catheter ablation increased from 1.6 percent to 3.8 percent. Despite this overall increase, patients with Latinx ethnicity and those who lived in zip codes with lower median household incomes were less likely to receive catheter ablation treatment, and Black and

lower-income patients were less likely to be prescribed antiarrhythmic drugs or treated with catheter ablation.

Overall, patients living in areas with median household incomes of less than \$50,000 were 39 percent less likely to receive catheter ablation compared with those with a median household income of \$100,000 or more.

According to researchers, the number of cardiology visits by each patient was one of the strongest factors associated with rhythm control and catheter ablation use, stressing the importance of access to care. The findings suggest that reduced access to specialty care, including cardiovascular care for Black patients, is a potential reason for differences in treatments.

"As evidence builds regarding the benefits of early rhythm control and particularly catheter [ablation](#), we must ensure that all our patients benefit equally" said the study's senior author, David Frankel, MD, Associate Professor of Medicine and Director of the Cardiac Electrophysiology Fellowship.

Eberly also hopes that in addition this awareness will push primary care providers and non-cardiac providers to more readily consider rhythm-control strategies or referral to a specialist, particularly for those [patients](#) who have been historically marginalized by the healthcare system.

**More information:** Lauren A. Eberly et al. Racial/Ethnic and Socioeconomic Disparities in Management of Incident Paroxysmal Atrial Fibrillation. *JAMA Netw Open*. 2021;4(2):e210247 [DOI: 10.1001/jamanetworkopen.2021.0247](#)

Provided by Perelman School of Medicine at the University of Pennsylvania

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