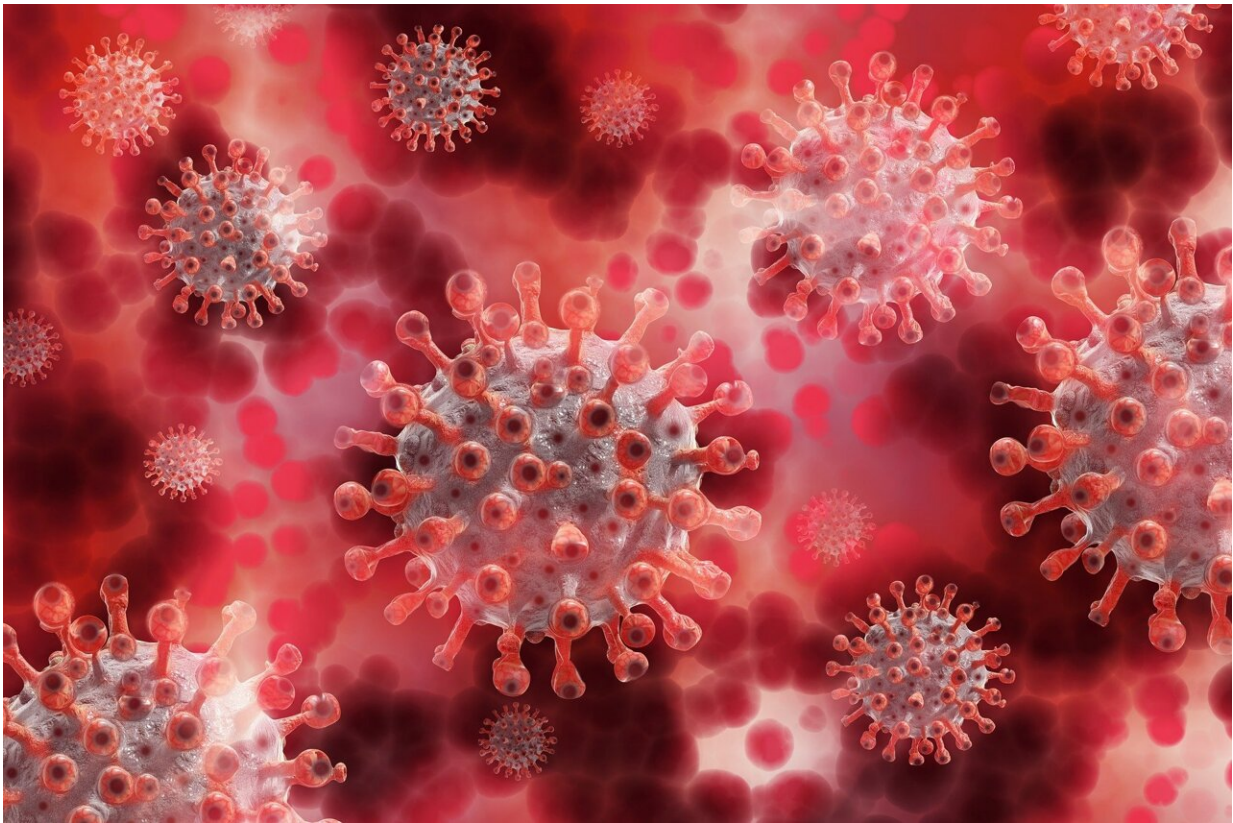


Study finds connection between COVID and new-onset AFib

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A study in the American Heart Association journal *Circulation: Arrhythmia and Electrophysiology* finds new-onset atrial fibrillation (AFib) in 1 in 20 patients hospitalized with COVID-19. AFib is a

quivering or irregular heartbeat (arrhythmia) that can lead to blood clots, stroke, heart failure and other heart-related complications. At least 2.7 million Americans are living with AFib.

Using data from the American Heart Association's COVID-19 Cardiovascular Disease Registry, researchers examined nearly 28,000 patients without a history of AFib who were hospitalized for COVID-19.

In this study, new-onset AFib was strongly associated with increased in-hospital mortality and major adverse cardiovascular events. Of the patients in the study, those who developed new-onset AFib while hospitalized experienced longer hospital stays and greater need for ICU care and intubation and approximately 45% died in the hospital. After multivariable adjustment for in-hospital factors and underlying comorbidities, the findings suggest new-onset [atrial fibrillation](#) in patients hospitalized with COVID-19 is a marker of adverse clinical factors.

"In 2001, experts predicted the number of Americans living with AFib would double by 2050—the situation may be more dire following the COVID-19 pandemic," said Jonathan Piccini, M.D., M.H.S., FACC, FAHA, FHRS, volunteer chair of the American Heart Association Atrial Fibrillation Systems of Care Advisory Group and cardiac electrophysiologist and associate professor at Duke University Medical Center. "Research suggests AFib is likely to influence more Americans and could put more people at greater risk of stroke and [heart failure](#) than previously expected."

More information: Anna G. Rosenblatt et al, New-Onset Atrial Fibrillation in Patients Hospitalized With COVID-19: Results From the American Heart Association COVID-19 Cardiovascular Registry, *Circulation: Arrhythmia and Electrophysiology* (2022). [DOI: 10.1161/CIRCEP.121.010666](https://doi.org/10.1161/CIRCEP.121.010666)

Provided by American Heart Association

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