

Study: 1 in 3 adults with new-onset AFib occurring during hospitalization will have recurrent episode within a year

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A study of more than 130 hospitalized adults with transient new-onset atrial fibrillation (AF) found that 1 in 3 patients experienced a recurrent

episode of AF within a year of hospitalization—a rate approximately 7 times higher than in matched control participants. These findings suggest that oral anticoagulation therapy may be warranted in these patients. The study is published in *Annals of Internal Medicine*.

AF frequently occurs in patients who are hospitalized for illness or surgery. It remains unclear if these instances of AF are caused by physiologic stress and are reversed when the patient is discharged, or if these AF episodes detected in hospital settings will recur in the future. Capturing recurrent episodes of AF after hospital discharge in these patients may help identify those who can benefit from treatment.

Researchers from McMaster University and Population Health Research Institute enrolled 139 patients hospitalized for noncardiac surgery or medical illness who had transient new-onset AF. They aimed to estimate the risk for AF recurrence in those patients compared with a matched population without AF.

Study participants in both groups were monitored using a 14-day electrocardiographic (ECG) monitor at 1 and 6 months and telephone assessment at 1, 6, and 12 months. The authors found recurrent AF was detected in 32.3% of participants within 1 year of hospitalization compared with only 3% of matched controls. According to the researchers, these findings suggest that the patients in their study who had AF detected in follow-up are similar to contemporary patients with AF for whom evidence-based therapies, including oral anticoagulation, are warranted.

More information: Atrial Fibrillation Recurrence in Patients With Transient New-Onset Atrial Fibrillation Detected During Hospitalization for Noncardiac Surgery or Medical Illness, *Annals of Internal Medicine* (2023). [DOI: 10.7326/M23-1411](https://doi.org/10.7326/M23-1411)

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