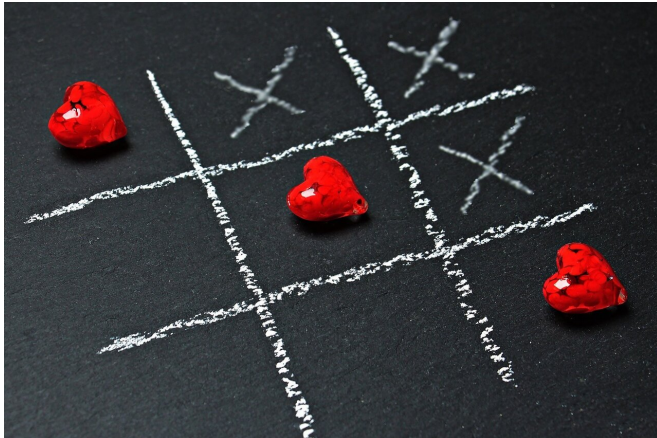


# Opportunities to better detect, manage and treat patients with undiagnosed atrial fibrillation

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Atrial fibrillation (AF) is associated with a higher risk of complications including ischemic stroke, cognitive decline, heart failure, myocardial infarction and death. AF frequently is undetected until complications such as stroke or heart failure occur.

While the public and clinicians have an intense interest in detecting AF earlier, the most appropriate strategies to detect undiagnosed AF and medical prognosis and therapeutic implications of AF detected by screening are uncertain.

A new report led by Boston University School of Medicine (BUSM) researcher Emelia J. Benjamin, MD, ScM, builds upon a recently conducted National Heart, Lung, and Blood Institute's virtual workshop that focused on identifying key research priorities related to AF screening.

Global experts reviewed major knowledge gaps and identified critical research priorities in the

following areas: 1) role of opportunistic screening; 2) AF as a risk factor, risk marker, or both; 3) relationship between AF burden detected with long-term monitoring and outcomes/treatments; 4) designs of potential randomized trials of systematic AF screening with clinically relevant outcomes; and 5) role of AF screening after ischemic stroke.

"The research gaps and opportunities outlined in the workshop will hopefully accelerate AF screening research to improve the diagnosis, management and prognosis of patients with undiagnosed AF," said corresponding author Benjamin, professor of medicine at BUSM.

According to the researchers several themes emerged from the workshop to advance the field of AF screening including developing a compelling evidence base and sharing data across studies and the need to investigate diverse patient subgroups (age, sex, race/ethnicity, urban/rural and comorbidities).

The researchers submit that close attention will need to be paid to both the potential benefits and adverse outcomes of AF screening strategies on the patient (anxiety, testing, treatment complications) and the health system (e.g., disparities, costs, and clinician liability and fatigue) before recommending widespread [screening](#).

These findings appear in the journal *Circulation*.

**More information:** Emelia J. Benjamin et al. Research Priorities in Atrial Fibrillation Screening, *Circulation* (2021). [DOI: 10.1161/CIRCULATIONAHA.120.047633](https://doi.org/10.1161/CIRCULATIONAHA.120.047633)

Provided by Boston University School of Medicine

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