

CORRESPONDENCE

Letters to the Editor

Guidelines for Atrial Fibrillation in Heart Failure Need To Be Clarified

We want to congratulate Nieuwlaet et al. (1) for their report from the Euro Heart Survey, providing valuable insights into the management of atrial fibrillation (AF) and heart failure (HF) in daily clinical practice. They concluded that patients with AF and HF might be severely undertreated with regard to HF therapy and rate control, referring to the guidelines for AF (2) and for HF (3). Nevertheless, we are not sure whether these patients are always undertreated.

First of all, the investigators considered a combination of a beta-blocker, angiotensin-converting enzyme inhibitor or angiotensin receptor blocker, and oral anticoagulation to be “the full package” for AF and (systolic) HF. We want to emphasize, however, that it has never been established that beta-blockers improve morbidity and mortality in HF patients with AF. Indeed, post hoc analyses of the CIBIS II (The Cardiac Insufficiency Bisoprolol Study II) and MERIT-HF (Metoprolol CR/XL Randomized Intervention Trial in Congestive Heart Failure) studies were not able to demonstrate that beta-blockers decreased morbidity and mortality in HF patients that had AF (4,5). Certainly prospective randomized trials are needed to elucidate whether beta-blockers improve outcome in HF patients that are also known with AF, especially considering that these conditions often coexist.

Second, the investigators believed that 40% of patients with HF and permanent AF were receiving inadequate rate control because they had a resting heart rate of ≤ 80 beats/min, implying that 80 beats/min is the maximal target for rate control. Though this target has been used before (6,7), there is no evidence as to which rate control target we should aim for. In fact, an analysis of patients with advanced HF demonstrated that outcome was similar in patients who had a lower heart rate than 80 beats/min as in patients who had a higher heart rate than 80 beats/min (8). The RACE II (Rate Control Efficacy in Permanent Atrial Fibrillation) study, investigating the optimal heart rate in permanent AF with or without HF by randomizing patients to either strict (heart rate < 80 beats/min and heart rate during minor exercise < 110 beats/min) or lenient (heart rate < 110 beats/min) rate control, is much awaited for to clarify this clinically relevant issue (9).

In conclusion, the article by Nieuwlaet et al. (1) tells us much about daily clinical practice in treatment of patients with AF and HF, but it also emphasizes the need for evidence-based, unambiguous recommendations concerning beta-blocker use and rate control target in AF patients with HF.

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