



ELSEVIER
SAUNDERS

Cardiol Clin 22 (2004) xiii

CARDIOLOGY
CLINICS

Preface
Atrial fibrillation



David E. Haines, MD
Guest Editor

Atrial fibrillation is the most common arrhythmia that requires treatment, and it crosses the path of almost all clinicians. Because its prevalence increases with age, the number of patients with atrial fibrillation will continue to grow as the general population ages. Although the majority of patients with atrial fibrillation are relatively asymptomatic, patients can have profoundly limiting symptoms due to rapid or slow basal ventricular rates, a rapid cardioaccelerator response to exercise, beat-to-beat irregularity with associated palpitations, and the loss of atrial systolic contribution to ventricular filling leading to diminished cardiac output. In addition, the propensity for left atrial thrombus formation with subsequent risk for thromboembolism during atrial fibrillation causes substantial morbidity in the form of embolic stroke. For these reasons there has been a strong impetus to improve our knowledge and understanding of atrial fibrillation and its response to therapeutic interventions.

New discoveries have been made regarding the electrophysiological mechanisms of atrial fibrillation. Many old treatment paradigms have been shattered with the publication of new randomized trials on the clinical management of atrial fibrillation. New suppressive antiarrhythmic agents and new data on anticoagulation are now available. Exciting progress has been made in the nonpharmacological management of this arrhythmia. Clearly, the

approach to the patient with atrial fibrillation has changed, and the therapeutic options now available are staggering in their variety and complexity. As Guest Editor of this issue of the *Cardiology Clinics*, I am very grateful to the clinician-scientists that contributed to it. Each one of the authors is a recognized expert in this field, and each one has shared with us his/her personal scientific observations, as well as an interpretation of the vast literature that has been produced in this rapidly evolving area.

With this issue of the *Cardiology Clinics*, readers should derive an improved understanding of the spectrum of atrial fibrillation and learn the strengths and weaknesses of various management strategies. It is intended for this compilation to be used as an up-to-date reference and as a guide for the day-to-day management of patients. We sought to provide some order to the complexities of atrial fibrillation, and our hope is that readers will enjoy and take advantage of the expertise found on the following pages.

David E. Haines, MD
Director, Heart Rhythm Center
Division of Cardiology
William Beaumont Hospital
3601 West 13 Mile Road
Royal Oak, MI 48073, USA

E-mail address: dhaines@beaumont.edu