

Better symptoms management in AF: Rate or rhythm control?

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Atrial fibrillation (AF) is the most common arrhythmia, especially in the elder population. It leads to a substantial increase in utilization of the health care services and a decrease in the life quality. Treatment of AF involves two aspects: Prevention of stroke and systemic embolism and symptom control with either a rate or a rhythm control strategy. Due to safety, it has been widely accepted that beta-blockers and non-dihydropyridine calcium channel blockers, used in rate control, has been the initial strategy applied for the symptom control in AF. Newer data suggest that a rhythm control strategy with antiarrhythmic medications with or without catheter ablation may lead to a reduction in major adverse cardiovascular events, particularly in patients newly diagnosed with AF. Therefore, early rhythm control strategy may effectively reduce irreversible atrial remodeling and prevent AF-related deaths, heart failure, and strokes, especially in high-risk patients. It has the potential to halt progression and potentially save patients from years of symptomatic AF. It should be offered more widely.