Patient-reported triggers of paroxysmal atrial fibrillation

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Background
Triggers for discrete atrial fibrillation (AF) events remain poorly studied and incompletely characterized.

Objective
The purpose of this study was to describe common triggers for AF and their relationships with patient characteristics.

Methods
We invited symptomatic, paroxysmal AF patients enrolled in the Health eHeart Study and through the patient-centered advocacy organization StopAfib.org to complete a questionnaire regarding their AF triggers and cardiovascular risk factors.

Results
Of 1295 participants with symptomatic AF, 957 (74%) reported triggers for episodes of AF. In comparison to participants without triggers and after multivariate adjustment, those reporting triggers had a 71% lower odds of congestive heart failure (odds ratio [OR] 0.29; 95% confidence interval [CI] 0.14–0.60; P = .001) and a >2-fold greater odds of a family history of AF (OR 2.04; 95% CI 1.21–3.47; P = .008). The most commonly reported triggers were alcohol (35%), caffeine (28%), exercise (23%), and lack of sleep (21%). Multivariable models revealed that younger patients, women, and those with an AF family history more commonly experienced various triggers. Patients reported a median of 2 different triggers (interquartile range 1–3). Female sex, Hispanic ethnicity, obstructive sleep apnea, and a family history of AF were each associated with a greater number of AF triggers. Vagally mediated triggers tended to cluster together within individuals.

Conclusion
The majority of patient-reported triggers are modifiable, potentially identifying accessible means to prevent and reduce AF episodes. Exploring the interactions between AF patient type, including underlying genetic differences, and common exposures may be fruitful areas of investigation.

Keywords:
Alcohol, Atrial fibrillation, Atrial flutter, Caffeine, Triggers

Impact of physiologic pacing versus right ventricular pacing among patients with left ventricular ejection fraction greater than 35%: A systematic review for the 2018 ACC/AHA/HRS guideline on the evaluation and management of patients with bradycardia and cardiac conduction delay: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines and the Heart Rhythm Society

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This work was supported by the Patient-Centered Outcomes Research Institute (PCORI). The Health eHeart Alliance is a Patient-Powered Research Network in PCORnet®, the National Patient-Centered Clinical Research Network, an initiative funded by PCORI. The Health eHeart Alliance’s participation in the development of PCORnet® was partially funded through a PCORI Award [137480]. Dr. Marcus receives research funding from Medtronic and Janssen; is a consultant for Johnson and Johnson and InCarda; and holds equity in InCarda. Dr Olgin receives research funding from ZOLL, Myia, and iBeat; is a consultant for Novartis and VivaMedLink; and holds equity in Context AI. Ms McGall receives speakers bureau from Janssen, SentreHeart, and the CardioVascular Clinical Trialsist Forum; and serves as a patient principal investigator on PCORI and AHRQ funded grants. Ms Taffe previously worked as a part-time employee for the American Heart Association, Western States Affiliate. All others authors report they have no conflicts relevant to the contents of this paper to disclose.

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