

Editorial

Anxiety Associated Auricular Fibrillation

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Auricular Fibrillation is widely known as cardiovascular arrhythmia and is the most common supraventricular arrhythmias. Several reports have tested the mutual relation between anxiety and AF initiation and progression. In cardiovascular health administration health related quality of life is the vital concern.

Anxiety effects how patients approach their disease and efficiency of various AF therapies. This editorial inspects an area considered by patients to be challenging before the therapeutic stimulations.

Several studies have evaluated the passive influence of anxiety & other psychological disturbances on health-related outcomes of variable cardiac disorders. While psychological comorbidities may have an impact of AF manifestation. The disease course affects the personal satisfaction and the quality of life. Mortality risk was almost one third higher among men with AF suffering depression compared to men without depression but the comparison among AF men and AF women patients no associations found. Furthermore, levels of anxiety among Atrial fibrillation patients was not much changed along six months of follow up [1].

Perret-Guillaume et al. reported that physical manifestations of AF are found to bear less clinical consequence than psychological. In order to provide proofs, data have been aggregated from elderly populations through Duke Health Profile which returned major discrepancy in mental function and anxiety in AF patients compared to control. On the contrary, the comparison revealed no

statistically major differences in measures of physical health, social impairment. On the other hand, in a study hypothesizing a difference between Permanent AF patients and normal sinus rhythm population in terms of anxiety, depression, and sleep impairment, it was found that there is no significant difference of anxiety among AF patients versus control.

Pathophysiological link and effect of Atrial fibrillation treatment on anxiety

Many studies argued anxiety rate among Atrial fibrillation patients attributed to the poor quality of life. In a study by Eaker et al. it was obvious that anxiety could be one of the predictors of ten-year incidence of AF in both male and females. Inflammation and oxidative stress are supposed to be key players in the development. On the other hand, anxiety patients are more likely to have increased activity of sympathetic nervous system. However, one of the pitfalls of this study is being only based on the patient's views about what initiate their AF while no psychiatric measures were implemented. Additionally individuals who are suffering from anxiety have a stimulated hypothalamic-pituitary-adrenal axis and renin-angiotensin-aldosterone system.

In brief, despite the absence of solid evidence to prove that anxiety activate new onset AF [2], it could be extrapolated that the comorbidity provides a background that is favourable of the initiation and prolongation of AF. Lower cardiovascular mortality in rhythm control group in those patients who have CHF and AF

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with greater sensitivity to anxiety compared to those that receiving rate control which was reported by Frasure-Smith et al. QOL can be enhanced through the restoration of sinus rhythm using electrical cardio version. Type D personality, anxiety score of HADS, elevated adrenergic tone and proinflammatory mediators are known to promote the recurrence rates.

Several studies showed improvement among anxiety patients who underwent catheter ablation various patients who have undergone catheter ablation were assessed for long and short term benefit. Fichtner et al. reported better results in disease specific questionnaire. In both of the studies efficacy in quality of life is because of short term results of placebo effect but it can't be spread on to get long term benefit. Current information regarding the availability and benefit of alternative medicines in managing anxiety-associated AF is scarce [3]. Moreover, heart rate and systolic and diastolic blood pressure exhibit significant difference before and after yoga.

Conclusion

The incidence of anxiety may affect the efficiency of various AF therapies. Anxiety affects how patients especially in women approach their disease. executing strategies reducing anxiety in AF patients could improve treatment consequences, patients HRQOL, and lower financial difficulties related to Atrial fibrillation.

References

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