

DRUG THERAPY DOES NOT MATCH GUIDELINES

Although atrial fibrillation (AF) and heart failure (HF) often coexist, guidelines for the treatment of each condition differ in recommendations on how to approach their combined management. Possibly as a result of these differing recommendations, Nieuwlaat *et al.* have found that many practitioners are not prescribing guideline-recommended drug therapy for patients with AF and HF.

Performed in 2003–2005, the Euro Heart Survey on AF was an international survey of 5,333 patients with AF, of whom 1,816 patients (34%) were classified as also having HF. Investigators involved in this study identified the combination of a β -blocker, an angiotensin-converting-enzyme inhibitor or angiotensin-II-receptor blocker, and an oral anticoagulant as the ‘full package’ of drug therapy recommended by the guidelines valid during the recruitment phase of the survey. After exclusion of 673 patients who had potential contraindications for recommended therapy for concomitant AF and HF, only 32% of patients with both conditions were found to be receiving this ‘full package’. Patients with coronary artery disease, hyperlipidemia, diabetes, or first-detected (rather than paroxysmal or permanent) AF were found to be more likely to be prescribed the recommended ‘full package’. Patients with chronic obstructive pulmonary disease, high blood pressure at baseline or sinus rhythm at discharge, and women, were less likely to receive the ‘full package’.

“As research experience for many diseases and therapies is accumulating, and thereby producing a [large] amount of extensive guidelines,” comments Robby Nieuwlaat, “we will need to find methods to help physicians distil and integrate information to implement evidence-based care in their practices, and close the gap between guidelines and practice.”

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Original article Nieuwlaat, R. *et al.* Atrial fibrillation and heart failure in cardiology: reciprocal impact and combined management from the perspective of atrial fibrillation: results of the Euro Heart Survey on Atrial Fibrillation. *J. Am. Coll. Cardiol.* 53, 1690–1698 (2009).