

## Comment

Atrial fibrillation is the most common form of arrhythmias, apart from the extrasystolic beats. The prevalence of this abnormality is estimated at 1-2% of the general population and it is highly increasing with the age, reaching a value of 5-15% among the people with the age over 80. Moreover, it is estimated that this kind of arrhythmia is present among circa 6 million inhabitants of European continent. In recent decades, its prevalence increases significantly. This tendency is connected with the great progress made in medicine, as well in cardiology and thereby the rapid aging of the European population. The substantial lengthening of the life expectancy will probably imply the double number of the atrial fibrillation incidents in the next 50 years.

Contrary to appearances, this arrhythmia is not benign and irrelevant. As it was proved by many widely conducted meta-analyses, the atrial fibrillation doubles the risk of mortality and rises the occurrence of stroke five-fold. It also affects a significant rise of incidences with a heart failure (two-way relationship) and therefore rises the number of hospitalizations and also seriously reduces the quality of patients life. Appropriate treatment of patients suffering from arrhythmia reduces vitally the risk of complications associated with this disease, especially these most dangerous thromboembolic and improves their quality of life.

This series of articles contain the complex issues connected with the etiopathogenesis, pathophysiology, diagnosis and treatment of atrial fibrillation. There were included the latest recommendations of the European and Polish Society of Cardiology for the handling and care, including inter alia the treatment of pregnant women. In our research we took into account both pharmacological and non-pharmacological methods of treatment – pulmonary vein isolation. Furthermore, depending on the purpose of therapy there were widely described antiarrhythmic medicines applied currently that decline the incidence of atrial fibrillation and anti-coagulants that reduce the risk of serious embolic complications. The great part of publication was also dedicated to an important aspect of the mental welfare and to the *sensu largo* methods improving quality of life of these patients.

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