

Distance Runners Lack Defined Atrial Fibrillation Therapy

To the Editor:

The review of recommendations for stroke prevention in patients with atrial fibrillation by De Caterina and Hylek¹ does not aid in advising the 2% to 10% habitual male endurance athletes with lone paroxysmal atrial fibrillation, many of whom have developed their arrhythmia before age 55 years,^{2,3} and characteristically after 10 or more years of habitual intense endurance activities.^{2,3} Increasing numbers in these athletes have now reached age 70 years,⁴ and most demonstrate enlarged left atria characterized by atrial remodeling.³⁻⁵ The frequency with which atrial thrombi develop in these athletes, the frequency with which they develop other thromboembolic disease, and the benefits and risks of anticoagulation therapy in this otherwise unusually healthy population have not been examined,⁴ rendering a judgment regarding any need for anticoagulation in this population premature. One death from coumadin-associated cerebral hemorrhage has been reported among them.²

Likewise, conventional medicinal therapy for rhythm or rate control in these men is complicated by their desire to continue their endurance activities safely and at a high performance level. Most rate-controlling medications limit

cardiac output,^{4,5} and although antiarrhythmic drug therapy has been used among them,^{2,4} an increased potential for proarrhythmias by this therapy in this population has been suspected,⁴⁻⁶ often limiting recommended therapies to greatly diminished training⁴ or ablation procedures,⁴⁻⁶ neither of which is acceptable to many.

Until the related risks and benefits have been defined in this group, the use of either anticoagulation or antiarrhythmic therapy in this population may be inappropriate.

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