

## The Reply



We are grateful to Kawada for the interest in our paper.<sup>1</sup> Peripheral arterial disease is an independent risk factor for the development of atrial fibrillation.<sup>2-4</sup> The coexistence of peripheral arterial disease and atrial fibrillation have significant additive effects on the increased risk of mortality, cardiac, and cerebrovascular complications.<sup>2</sup>

The exact mechanisms underlying this association merits further investigation. Indeed, atrial fibrillation and peripheral arterial disease share several common risk factors such as hypertension, diabetes, and coronary artery disease. Various studies (including ours), have shown that despite controlling for those risk factors the impact of peripheral arterial disease on atrial fibrillation patients remains significant.<sup>5</sup>

As pointed out by Kawada, an increased burden of peripheral arterial disease, indicated by lower ankle-brachial pressure index readings parallels a higher incidence of atrial fibrillation. This accords with previous reports that prevalent atrial fibrillation is linked to the presence of systemic atherosclerosis and burden of atherosclerotic disease.<sup>5,6</sup> Both atrial fibrillation and peripheral arterial disease are characterized by endothelial dysfunction, hypercoagulability, and chronic inflammation.<sup>7</sup>

We would like to thank Kawada for emphasizing the need for meticulous risk factor modification, including smoking cessation, in patients with atrial fibrillation. We agree that it is important to follow a systematic and holistic approach to the management of atrial fibrillation patients, as it is not only a factor associated with peripheral arterial disease but also a major cause of thromboembolism, a potentially disabling or even life-threatening complication of peripheral arterial disease.

In order to effectively carry out this holistic approach, healthcare providers should follow the ABC (Atrial fibrillation Better Care) pathway (ie, Anticoagulation/Avoid stroke, Better symptom control, Cardiovascular risk factors

and Concomitant diseases),<sup>8,9</sup> the adherence of which has been associated with improved clinical outcomes.<sup>10,11</sup>

Given that atrial fibrillation is also commonly asymptomatic, appropriate screening should be considered in peripheral arterial disease patients, given the worse outcomes with such patients.<sup>12,13</sup> Indeed, symptoms suggestive of peripheral arterial disease in atrial fibrillation patients clearly merit further evaluation. Our study highlights the need for assessment for coexisting peripheral arterial disease and adequate risk factor modification in atrial fibrillation patients.

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