

## **NEW DRUGS, NEW TOOLS FOR INVASIVE TREATMENT AND NEW DATA FROM CLINICAL TRIALS ON ATRIAL FIBRILLATION**

### ***Is there any hope for the treatment of the “incurable” arrhythmia?***

Atrial Fibrillation is the most common arrhythmia in the industrialized world. The prevalence of this disease may exceed 10% of the population among the elderly. Atrial fibrillation is a significant cause of morbidity and mortality mainly because it increases 5-fold the incidence of stroke and heart failure. In addition, it deteriorates quality of life and increases health care costs, being the most frequent cause of admission in the hospital due to an arrhythmic event.

Although antithrombotic therapy has successfully reduced the incidence of stroke and the development of novel anticoagulants (NOACS) expanded the use of proper antithrombotic therapy, our efficacy to prevent relapses of atrial fibrillation has been always very low due to the modest efficacy of antiarrhythmic medical therapy and its unfavorable influence on long-term prognosis of our patients. The introduction of invasive therapy of atrial fibrillation in the form of catheter and surgical ablation has substantially improved our antiarrhythmic strategies. The remarkable advances of catheter ablation techniques during the last 20 years and the development of holistic approaches that include catheter ablation, prevention and modification of hypertension and obesity and in specific cases combination of invasive and medical treatment, have enriched our therapeutic armamentarium against an arrhythmia that had been rightfully characterized as the “same of cardiology”.

Recent technological developments and accumulating experience from the widespread use of atrial fibrillation ablation and appropriate use of antiarrhythmics have resulted in remarkable improvements in the management of atrial fibrillation, which have been recently verified by several large-scale clinical trials. Can we expect the definite cure of atrial fibrillation soon? Optimism should be tempered by reality, because atrial fibrillation is a disease of complex and still largely unknown pathophysiology, but surely this not “the same of cardiology”. Not anymore.