Association between risk factors and outcomes for patients with atrial fibrillation treated with catheter ablation

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Pulmonary vein isolation is an ablative method used to treat symptomatic atrial fibrillation (AF) that does not respond to medication. However, the outcome of ablation often depends on a variety of risk factors, including age, obesity, hypertension, diabetes, sleep apnea, smoking, and other comorbidities. Studies have shown that patients with well-managed risk factors, such as normal body weight and stable hypertension, tend to have better long-term outcomes and lower rates of recurrence. On the other hand, comorbidities can significantly reduce the success of the ablation procedure and increase the likelihood of arrhythmia recurrence. The treatment of AF requires an integrated approach that encompasses not only pharmacological and interventional therapies but also active management of risk factors.[1-3] An individualized treatment plan that includes both pharmacological and non-pharmacological measures for managing comorbidities can improve long-term outcomes and reduce the risk of recurrence following ablation.

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LITERATURE

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