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The increasing importance of the ablation therapy in patients with atrial fibrillation and heart failure with preserved ejection fraction

We read with great interest the article by Xie et al. regarding the results of atrial fibrillation (AF) ablation in patients with heart failure (HF) with preserved ejection fraction (HFpEF).¹ In their study, based on a large cohort of patients with HFpEF, they showed that the ablation strategy significantly reduced the primary composite endpoint of all-cause death or rehospitalization for worsening HF compared with no ablation. Saksena et al. stated that AF is associated with HF progression in early symptomatic HFpEF and pump failure death in advanced HFpEF. Thus, the authors concluded that AF may adversely impact HFpEF due to its association with HF progression and mortality.² Previous studies and subgroup analyses have also demonstrated the benefit of the ablation therapy in patients with HFpEF and AF. Yamauchi et al. stated that the ablation therapy is a very suitable method for restoring sinus rhythm and thus improving heart function and brain natriuretic peptide (BNP) levels in non-paroxysmal AF and HFpEF.³ Rattka et al. emphasized that the ablation therapy in patients with HFpEF accompanied by AF improved symptoms, reduced hospitalizations, and led to the induction of left ventricular reverse remodelling.⁴ Shiraishi et al. stated that the ablation therapy in patients with AF and HF was associated with better quality of life and lower risk of cardiovascular events compared to the drug therapy alone, even in patients with HFpEF.⁵ Sodium glucose co-transporter 2 inhibitors (SGLT2i) appear to be one of the most promising drugs in terms of reducing mortality and morbidity in patients with HFpEF and AF. In recently published meta-analysis, SGLT2i was associated with a reduced risk of cardiovascular death or hospitalization for heart failure in patients with HFpEF.⁶ In a recently published well-written article, Fawzy et al. stated that the use of SGLT2i may reduce the risk of AF-related complications such as ischaemic stroke, transient ischaemic attack, bleeding, and ventricular arrhythmias. Moreover, they emphasized that SGLT2i reduces the need for procedures such as cardioversion and ablation in patients with AF.⁷ The fact that SGLT2i both reduces cardiovascular risk in patients with HFpEF and reduces the need for ablation in patients with AF may make SGLT2i a molecule that can be 'two birds with one stone' in patients with HFpEF and AF.

In conclusion, recent studies show that the ablation therapy is becoming increasingly important in patients with AF and HFpEF, as it can reduce

mortality and improve the quality of life. It is important that AF patients should undergo detailed echocardiography, check BNP and N-terminal pro-BNP values, and investigate the presence of HFpEF, even if their left ventricular ejection fraction is normal since the initial diagnosis. In the light of increasing evidence, explaining the ablation option and adding an agent such as SGLT2i, which has positive effects on both diseases, to their treatment may reduce the mortality and increase the quality of life of patients with HFpEF and AF.

Conflict of interest: none declared.

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