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Isn't it time for us to leave our habit of not anticoagulating the patients with paroxysmal atrial fibrillation?

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In previous trial, the development of thromboembolic event was detected to get easier with the slowing down of atrial appendix flow rates and observation of spontaneous echo contrast in TEE, the development of thrombotic process is considered to be quite short (24-48 hours). Therefore, theoretically a quite short-lasting atrial fibrillation episode has been suggested to cause thrombogenic events in case of predisposition.

In fact in a recently updated meta-analysis, oral anticoagulation was found to be more effective than aspirin in thromboembolism prophylaxis in atrial fibrillation both persistent and paroxysmal. However, it is a known fact that in routine clinical practice, anticoagulation is

commonly discontinued in the presence of paroxysmal atrial fibrillation.

The main reason for this practice is thinking that sometimes there is no recurrence in the clinical follow-up of the patients with paroxysmal atrial fibrillation. However it is known that unnoticed atrial fibrillation attacks occur due to acceptable ventricular response, especially in patients taking anti-arrhythmic therapy.

“Euro Heart Survey on Atrial Fibrillation” observational trial is a study aiming to detect the attitude of the physicians in Europe towards atrial fibrillation, and the results of this attitude.

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This trial concerns more than 4000 patients with atrial fibrillation, and shows that the type of atrial fibrillation should not affect the choice of anti-thrombotic therapy. All atrial fibrillation types (paroxysmal, persis-

tent, permanent) have similar rates of stroke risk. Thus, the decision of anticoagulation for atrial fibrillation, should be made according to the additional risk factors for stroke rather than the type of atrial fibrillation.^(1,2)

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