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CLINICAL AND PROGNOSTIC SIGNIFICANCE OF ATRIAL FIBRILLATION IN PATIENTS WITH HYPERTENSION

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Introduction: Atrial fibrillation is the most common sustained arrhythmia worldwide, and hypertension is the most prevalent modifiable cardiovascular risk factor. When these two conditions coexist, they create a synergistic effect that significantly increases the risk of ischemic stroke, systemic embolism, heart failure, and mortality. Hypertension induces atrial remodeling, structural changes, and fibrosis that predispose patients to atrial fibrillation, while atrial fibrillation worsens the hemodynamic burden of hypertension and accelerates cardiovascular complications. Despite the global recognition of this comorbidity, there remains insufficient region-specific data on its prognostic implications, particularly in developing healthcare systems where diagnostic and therapeutic resources may be limited. Therefore, a comprehensive evaluation of the clinical and prognostic role of atrial fibrillation in hypertensive patients is critical for improving outcomes.

Objective: The aim of this study was to evaluate the clinical features and prognostic impact of atrial fibrillation in patients with arterial hypertension, focusing on prevalence, cardiovascular complications, hospitalizations, and mortality, and to identify the importance of early detection and management strategies.

Materials and Methods: A retrospective study was conducted on 210 patients diagnosed with arterial hypertension admitted to a tertiary care hospital between 2021 and 2023. Patients were divided into two groups: Group I (84 patients with concomitant atrial fibrillation) and Group II (126 patients without atrial fibrillation). Diagnosis of atrial fibrillation was confirmed by electrocardiography and Holter monitoring. Demographic data, comorbidities, electrocardiographic findings, echocardiographic parameters, treatment strategies, and outcomes were collected and analyzed. The primary endpoints were ischemic stroke incidence, cardiovascular mortality, and hospitalization rates. Secondary endpoints included recurrent cardiovascular events and functional outcomes. Statistical analysis was performed using SPSS with significance set at p<0.05.

Results: Patients with atrial fibrillation were older, had longer duration of hypertension, and showed higher prevalence of left atrial enlargement and left ventricular hypertrophy compared with those without atrial fibrillation. The incidence of ischemic stroke was significantly higher in the atrial fibrillation group, with nearly one in five patients developing stroke during follow-up. Mortality was almost threefold higher in hypertensive patients with atrial fibrillation, and recurrent cardiovascular events and hospitalizations were also markedly increased. Echocardiographic analysis demonstrated impaired systolic and diastolic function in the atrial fibrillation group, correlating with poorer outcomes.

Discussion: The coexistence of atrial fibrillation and hypertension has a profound negative impact on patient prognosis, as shown by higher rates of stroke, heart failure, and mortality. Structural and electrical remodeling of the atria caused by hypertension provides the substrate for atrial fibrillation, and once established, atrial fibrillation worsens hemodynamic status and

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thromboembolic risk. Early identification and aggressive management of atrial fibrillation in hypertensive patients is essential. Anticoagulation therapy, strict blood pressure control, and comprehensive cardiovascular risk factor management should be prioritized. However, limited access to guideline-directed therapies remains a significant barrier in many settings.

Conclusion: Atrial fibrillation in hypertensive patients is associated with worse clinical and prognostic outcomes, including significantly higher risk of ischemic stroke, mortality, and recurrent hospitalizations. Timely detection, proper anticoagulation, optimized antihypertensive treatment, and regular cardiac monitoring are crucial in improving outcomes. Strengthening diagnostic and therapeutic resources, along with public and physician awareness, is urgently needed to reduce the burden of atrial fibrillation in hypertensive populations.

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