Introduction

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Atrial fibrillation (AF), a common age-related arrhythmia, is a major public health problem in the United States. Roughly two-thirds of emergency room visits for AF result in hospital admission, and AF accounts for one-third of arrhythmia-related admissions.¹ Currently, approximately 2.2 million Americans have AF, and the prevalence is expected to increase to between 5.6 and 15.9 million by the year 2050.¹⁻³ More than half of the patients with AF will be more than 80 years old in 2050. The costs of AF are high and could increase dramatically in the coming decades.^{2,4}

The treatment of AF continues to be challenging because of difficulties selecting appropriate antiarrhythmic and antithrombotic therapies and monitoring these therapies. Currently available antiarrhythmic and antithrombotic agents are problematic because of the potential for toxicity and the need for intensive monitoring to prevent patient harm. The shortcomings of currently available agents represent opportunities for pharmacists to become involved in the management of patients with AF, especially in the managed care setting. Managed care pharmacists are uniquely qualified to intervene to improve the cost-effectiveness of and outcomes from drug therapy.

Now, for the first time in nearly a decade, a new antiarrhythmic drug, dronedarone, has been approved for the treatment of AF. Several other promising antiarrhythmic agents and a few antithrombotic therapies may become therapeutic options for AF in the future. Pharmacists will play an important role in evaluating these new therapies in the context of currently available agents. Pharmacists will continue to make a vital contribution to the management of drug therapy in patients with AF.

The first article in this supplement describes trends in the prevalence and incidence of AF in the United States and the etiology of, risk factors for, complications of, and economic burden of AF. Information is provided for use in predicting a patient's risk for developing AF and AF-related stroke.

The second article in this supplement describes the 3 primary goals of pharmacotherapy in patients with AF and compares and contrasts the efficacy and safety of established and investigational drug therapies for AF. Information is provided to enable the reader to recommend a drug regimen for an individual with AF based on patient-specific factors.

In the third article, key pharmacoeconomic considerations

in managing AF are discussed. Ways in which managed care pharmacists can improve the cost-effectiveness of and outcomes from drug therapy in patients with AF are described in detail.

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