

Insomnia and Atrial Fibrillation: Risk Assessment

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To the Editor:

Lee et al. investigated the effects of insomnia on the risk of atrial fibrillation (AF).¹ The adjusted hazard ratio (HR) [95% confidence interval (CI)] of insomnia for AF was 1.08 (1.01-1.14). I have some concerns about their study.

First, Han et al. also reported the association between insomnia and AF.² By logistic regression analysis, odds ratio (95% CI) of insomnia for AF was 1.92 (1.00-3.70), and odds ratio (95% CI) of insomnia for AF was 6.52 (1.64-25.83) in subjects with age < 40 years. Lee et al. presented that HRs of subjects aged 41-65 years and subjects aged ≥ 65 years for AF were 6.47 and 27.09, respectively. As the increased risk of AF by aging was clarified, HRs of insomnia for AF in subjects aged 41-65 years and ≥ 65 years would present the risk of insomnia for AF by aging.

Second, HR of subjects with insomnia who experienced ≥ 10 visits for AF did not become significance.

About medical utilization of insomnia, there is a possibility that patients with insomnia may visit doctors more frequently with more complaints, although the severity of insomnia is not directly related to the number of visits. There is also a possibility that patients with high frequency of visits for insomnia would lead to easier diagnosis of AF, and dose-response relationship between medical utilization of insomnia and AF should be specified by further study. Anyway, I appreciate the risk assessment of AF by insomnia by recruiting a large number of samples and propensity-matching procedure. Interventional study on insomnia would be effective to know the relationship with AF.

Finally, the authors did not specify the type of AF, such as paroxysmal or permanent, and there was no information on the severity of AF. Anyway, severity of AF, including the need of medication for AF, should also be considered for the analysis.

REFERENCES

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