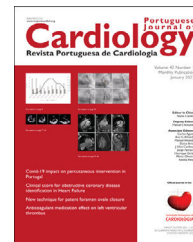




Revista Portuguesa de
Cardiologia
Portuguese Journal of **Cardiology**
www.revportcardiol.org



EDITORIAL COMMENT

Multimorbidity approaches in elderly patients with atrial fibrillation. The upcoming EHRA-PATHS project

Abordagem da multimorbilidade em doentes idosos com fibrilhação auricular. O próximo projeto EHRA-PATHS

Mário Oliveira^{a,b,c,*}, Michiel Rienstra^d, Hein Heidbuchel^e,
Isabelle Van Gelder^d, on behalf of the EHRA-PATHS WP 5 steering committee

^a Cardiology Department, Central University Center, Lisbon, Portugal

^b Heart Center, CUF Hospital, Lisbon, Portugal

^c Faculty of Medicine of Lisbon, Portugal

^d Department of Cardiology, University of Groningen, University Medical Center Groningen, The Netherlands

^e Department of Cardiology, Antwerp University Hospital, Belgium

Atrial fibrillation (AF) is the most common type of sustained arrhythmia encountered in clinical practice, affecting millions of people worldwide. It is associated with a marked, increased risk of cardiovascular and neurological conditions, such as heart failure, stroke and dementia. It is also linked to an increase in hospital admissions and mortality, resulting in a significant burden on the healthcare system.^{1,2}

Most of the population suffering from AF in Europe is in the group >65 age range, which is a major public health concern given the rise in the number of elderly people, particularly considering the estimated high proportion of individuals ≥ 80 years old. Moreover, risk factors predisposing to AF, like hypertension, diabetes, obesity, renal failure, chronic pulmonary disease or concomitant heart disease also become more prominent with aging.¹ The coexistence of multimorbidity and AF is known to influence arrhythmia per-

petuation, which has a clinical impact on this population. On the other hand, accurate identification and adequate management of cardiovascular comorbidities have gained major importance in this setting, potentially leading to reduced AF burden and improved outcomes.³ The establishment of integrated care models focused on a comprehensive multidisciplinary approach with individual-centered management needs to be determined as a strategy to obtain the best clinical outcomes.

According to the new European Society of Cardiology (ESC) AF guidelines,⁴ there is consistent evidence suggesting that all aspects of AF management are more effective when comorbidities and risk factors are considered. Therefore, a careful search for these comorbidities and risk factors is mandatory and should be applied to all patients with a diagnosis of AF.

The recent EHRA-PATHS study is a multicenter European project led by the ESC and the European Heart Rhythm Association on integrated care for elderly patients with AF. It aims to evaluate how multimorbidity is currently addressed

* Corresponding author.

E-mail address: m.martinsoliveira@gmail.com (M. Oliveira).

<https://doi.org/10.1016/j.repc.2025.05.001>

0870-2551/© 2025 Sociedade Portuguesa de Cardiologia. Published by Elsevier España, S.L.U. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

Please cite this article as: M. Oliveira, M. Rienstra, H. Heidbuchel et al., Multimorbidity approaches in elderly patients with atrial fibrillation. The upcoming EHRA-PATHS project, Revista Portuguesa de Cardiologia, <https://doi.org/10.1016/j.repc.2025.05.001>

and to improve clinical practice in the field of AF, changing the current single-disease approach to a multidisciplinary AF team strategy.

The EHRA-PATHS consists of work packages, including the characterization of multimorbidity, polypharmacy and sex-related aspects of AF. It looks at current clinical practice for the management of multimorbidity in elderly AF patients, developing innovative well-structured interdisciplinary care pathways that are patient-tailored, and evaluates the impact on outcomes of the holistic care of multimorbid AF patients in Europe.⁵ The whole project will last five years.

As part of the project, a randomized trial will be conducted in 68 hospitals from 14 countries over one year, and will provide investigators with the opportunity to address differences in healthcare systems throughout Europe. EHRA-PATHS investigators have developed novel pathways for common comorbidities and risk factors among patients aged 65 years and older with newly diagnosed AF that will be evaluated in this trial. Care pathways have been incorporated into a software tool to assist healthcare professionals in evaluating elderly AF patients in a systematic and comprehensive way.

Portuguese centers will participate in this major European project.

We hope that the results of this interdisciplinary clinical program will feed into the design of innovative systematic

care pathways to treat elderly AF patients with multimorbid conditions efficiently throughout Europe.

Conflicts of interest

The authors have no conflicts of interest to declare.

References

1. Kornej J, Börschel CS, Benjamin EJ, et al. Epidemiology of atrial fibrillation in the 21st century. Novel methods and new insights. *Circ Res.* 2020;127:4–20.
2. Alonso A, Almuwaqqat Z, Chamberlain A. Mortality in atrial fibrillation. Is it changing? *Trends Cardiovasc Med.* 2021;31:469–73.
3. Tzeis S, Gerstenfeld EP, Kalman J, et al. 2024 European Heart Rhythm Association/Heart Rhythm Society/Asia Pacific Heart Rhythm Society/Latin American Heart Rhythm Society expert consensus statement on catheter and surgical ablation of atrial fibrillation. *Europace.* 2024;26:euae043.
4. Van Gelder IC, Rienstra M, Bunting KV, et al. 2024 ESC Guidelines for the management of atrial fibrillation developed in collaboration with the European Association for Cardio-Thoracic Surgery (EACTS). *Eur Heart J.* 2024;45:3314–414.
5. Heidbuchel H, Van Gelder IC, Desteghe L, et al. ESC and EHRA lead a path towards integrated care for multimorbid atrial fibrillation patients: the Horizon 2020 EHRA-PATHS project. *Eur Heart J.* 2022;43:1450–2.