
- **Aims:**
  There is not a great deal of information about the prevalence or outcomes for patients with ESRD and co-existant AF, this paper looked at the prevalence of AF in HD patients.

- **Methods:**
  This paper analysed data from annual cohorts from 1992 to 2006 of HD patients in the United States, based on diagnostic coding information from the United Stated Renal Data System (USRDS).

- **Results:**
  7.7% of the patients analysed had AF, and the prevalence increased 3 fold from 3.5% in 1992 to 10.7% in 2006. Co-morbid risk factors for development of AF included older age and male gender, and the total number of patients affected increased from 3620 in 1992 to 23,893 in 2006. One year mortality was twice as high in HD patients with co-existant AF, compared to HD patients without AF – this increased risk was constant throughout the 15 year study period.

- **Discussion:**
  This study demonstrated the increasing prevalence of AF among HD patients in the US, and that it is associated with substantially increased mortality. The study is of course reliant on the diagnostic coding data amassed by the USRDS being complete (i.e. that there may have been more HD patients with AF in 1992, but the coding was not entered correctly, or the diagnosis of AF was not recorded and passed on to the USRDS in the first place). The study does not mention modifiable risk factors, and these need to be investigated further to understand how we can better improve outcomes in these patients.