

Letters to the Editor

New Data About Atrial Fibrillation, Comment to the OFRECE Study**Nuevos datos sobre fibrilación auricular, observaciones al estudio OFRECE****To the Editor,**

We have read with interest the timely article on the OFRECE study by Gómez-Doblas et al.¹ This study exclusively focused on the prevalence of atrial fibrillation (AF) in Spain and provided interesting data on the characteristics of AF in Spanish primary care (PC) centers.

The VAL-FAAP study² had previously demonstrated a prevalence of AF of 6.1% in a very large sample of patients receiving PC. Given the high number of patients included in the study, this figure could be close to the actual percentage of a population attending a PC center. Determining the actual percentage is the aim of this type of sampling. The methodology used in the OFRECE study may provide an even more accurate estimate. In this study, prevalence was around 4.4% of patients older than 40 years. This figure is very similar to that reported in a study conducted by our group in 2000,³ which included 6325 consecutive patients presenting at the PC center for any reason. Of these patients, 3.86% had a diagnosis of AF, although this finding is limited to the PC centers in a specific geographic area.

Our interest focuses on the OFRECE study,¹ conducted with the support of the Research Agency of the Spanish Society of Cardiology, because it attempted to determine the prevalence of AF in Spain. However, the study did not present data on thromboembolic risk in this population, although this could have been derived from the data. A future article may provide details on the distribution of CHADS₂ and CHA₂DS₂-VASc scores in this population in Spain, an issue that has gained increased importance in the clinical practice guidelines for AF.

The authors of the VAL-FAAP study recently presented an article on thromboembolic risk management.⁴ They suggested that there is a great deal of room for improvement in the application of antithrombotic therapy in AF patients at PC centers, because the treatment these patients receive does not match what they should be receiving according to their scores on the CHADS₂ and CHA₂DS₂-VASc risk stratification scales. Given these findings, we believe that the training and continuing education of PC physicians

should play a pivotal role in identifying patients at high thromboembolic risk. It could also be very useful to identify thromboembolic risk in the patients who attended Spanish PC centers in the OFRECE study.

We also believe that studies like OFRECE¹ or VAL-FAAP^{2,4} offer an excellent opportunity to obtain new data on AF, which has high morbidity and mortality and is frequently seen in PC centers. Any additional information on this disease should always be welcomed.

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New Data About Atrial Fibrillation, Comment to the OFRECE Study. Response**Nuevos datos sobre fibrilación auricular, observaciones al estudio OFRECE. Respuesta****To the Editor,**

We appreciate the interest shown by Vidal-Pérez et al. in our article published recently in *Revista Española de Cardiología*,¹ which provides us with an opportunity to present some interesting

additional information not included in the article itself. We agree on the importance of knowing the thromboembolic risk of the population included in the OFRECE study, both for patients with a diagnosis of atrial fibrillation and for the general population. In our study, the mean (standard deviation) CHADS₂ and CHA₂DS₂-VASc of patients with atrial fibrillation was 2.3 (1.3) and 3.8 (1.6), respectively. In the general population, the mean (standard deviation) CHADS₂ and CHA₂DS₂-VASc of patients with atrial fibrillation was 0.8 (1) and 1.8 (1.5), respectively. The distribution of both scales is in agreement with that of the Val-FAAP and AFABE studies,^{2,3} although the similarity is greater in the