

Vigorous Jogging Sparked Atrial Fib in Male MDs

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NEW ORLEANS — Male physicians who were frequent joggers were found to be at increased risk for atrial fibrillation in a new analysis from the Physicians' Health Study.

The association between frequent vigorous exercise and the development of atrial fibrillation seemed to be limited to running. It didn't extend to men whose main exercise was bicycling, racquet sports, or swimming, Anthony Aizer, M.D., said at the annual scientific sessions of the American Heart Association.

Dr. Aizer added that the study demonstrates an epidemiologic association be-

tween frequent jogging and atrial fibrillation (AF), not a cause and effect relationship.

"These data in isolation should in no way be interpreted as saying you should change your exercise habits," he stressed. "Importantly, the observed elevation in risk is offset to some degree by the known benefits of exercise on other atrial fibrillation risk factors."

Vigorous exercisers in the Physicians' Health Study had lower rates of hyper-

tension, diabetes, cardiovascular disease, and heart failure—all known risk factors for AF.

It was only after differences in the prevalence of these risk factors were controlled for that a significant independent association emerged between frequent jogging and AF, said Dr. Aizer of Brigham and Women's Hospital, Boston.

He reported on 15,255 male physicians aged 40-84 with no history of AF at the time they enrolled in the Physicians'

Health Study. During 14 years of follow-up, 1,285 of them developed AF.

Based on exercise histories obtained periodically during the follow-up period, investigators determined that the increased exercise-related risk of AF was largely confined to men who worked out five to seven times per week and within that group, to the joggers. Indeed, men who jogged five to seven times per week had an adjusted 67% increased risk of developing AF, compared with nonexercisers. ■

Elite Athletes Predisposed to Lone Atrial Fib

MUNICH — Long-term participation in endurance sports appears to predispose to development of lone atrial fibrillation, Luis Mont, M.D., said at the annual congress of the European Society of Cardiology.

He presented a case-control study involving 51 consecutive men who sought a cardiology consultation for lone atrial fibrillation (AF)—that is, AF in the absence of coronary disease—and 109 age-matched healthy male controls. The participants' mean age was 46 years.

Roughly two-thirds of the men in each group had been involved in organized sports at some time in their lives—primarily endurance activities. However, 31% of the men with AF were currently involved in athletics, compared with just 14% of the controls.

The risk of lone AF appeared to increase once a man exceeded about 1,500 lifetime hours of endurance sports activity, or 3 hours per week for 10 years. Men who were currently participating in endurance sports and had accumulated more than 1,500 hours of such activity in their lifetime had a 2.9-fold increased risk of having lone AF, according to Dr. Mont of the University of Barcelona, Spain.

An earlier study led by Helsinki internist Jouko Karjalainen, M.D., found that lone AF had been diagnosed in 5% of middle-aged Finnish men who were elite-level, long-time participants in orienteering—a demanding endurance sport popular in Finland—compared with just 1% of 212 male controls, and both controls with lone AF turned out to be regular vigorous exercisers.

On the other hand, the increased risk of lone AF associated with endurance exercise must be weighed against the cardiovascular benefits. The prevalence of coronary heart disease in the orienteers was only one-third that in the controls, and all-cause mortality was 1.7% in the orienteers and 8.5% in the controls, the Finnish investigators noted (BMJ 1998; 316:1784-5).

—Bruce Jancin

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