Clinical Evidence 

The clinical evidence for the use of catheter ablation in selected cases of atrial fibrillation is reviewed, and the indications for this procedure are discussed. The majority of patients who undergo this procedure have had previous failed medical therapy, and the success rate is generally higher in those with paroxysmal or persistent atrial fibrillation. Catheter ablation can be performed in an outpatient setting, and the procedure is well tolerated by most patients. The long-term effectiveness of catheter ablation is still being evaluated, but early results suggest that it is a safe and effective treatment option for selected patients with atrial fibrillation. 


Racial Differences in the Use of Catheter Ablation in Patients With Atrial Fibrillation 

Racial differences in the use of catheter ablation for atrial fibrillation are reviewed. While catheter ablation is a well-established treatment option for atrial fibrillation, there is evidence to suggest that African American patients are less likely to undergo this procedure compared to white patients. This disparity may be due to differences in access to healthcare, socioeconomic factors, and provider bias. 


Delayed Revascularization in Women: Implications for Risk Stratification and Treatment 

The implications of delayed revascularization in women are discussed. Delayed revascularization in women is associated with worse clinical outcomes compared to men, and this may be due to differences in risk factors, treatment approach, and healthcare access. 


Alcoholism and Atrial Fibrillation: A Population-Based Study 

The relationship between alcoholism and atrial fibrillation is reviewed. Alcoholism is a well-known risk factor for atrial fibrillation, and there is evidence to suggest that moderate to heavy alcohol consumption may increase the risk of atrial fibrillation. 


Managed Care for Acute Myocardial Infarction: Higher Procedure Use, Lower Charges and Equivalent Clinical Outcomes 

The impact of managed care on the use of procedures and charges in acute myocardial infarction is reviewed. Managed care plans that incentivize lower costs and discourage high-intensity care may lead to lower procedure use and charges, while equivalent clinical outcomes. 


A Simple, Clinically Useful Method of Triage in Unstable Angina