INTRODUCTION

Atrial fibrillation (AF) is a common arrhythmia found in 1% of persons older than 60 years. The overall incidence of AF developing over 2 decades in patients more than 30 years old according to Framingham study **(Kannel et al., 1982)** is 2%.

The same study indicated a double risk of cardiovascular mortality in patients with chronic AF, while the same risk was 8 times more according to other authors **(Gajeveski et al., 1981)**.

Annual incidences of acute or chronic AF are at least 5%, 3% respectively after PPM implantation. Expected life span in paced patients is shorter than in the age matched non paced population. One of the factors decreasing life span in paced patients is most likely the increased incidence & prevalence of AF **(Nielsen, 2002)**.

AF is one of the most common causes of thromboembolic stroke. Oral anticoagulants reduce the risk of thromboembolic stroke in high risk patients with AF by approximately 70% **(Paul et al., 1998)**.

Annual risk of thromboembolism can be reduced from about 5% to 1.7 % with appropriate anticoagulant. Age over 65 years, history of hypertension, prior stroke or transient ischemic attacks, diabetes & heart failure are independently predictive of thromboembolic risk. Patients with implanted pacemakers who also have AF are at similar risk of thromboembolism and stand to benefit from anticoagulants in the same way that non paced patients do. **(Nielsen, 2002)**.

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