The aim of the study is to determine the incidence of comorbid diseases in associated with atrial fibrillation (AF).

Methods. The one-phase study included 134 patients (72 men and 62 women) with a confirmed diagnosis of atrial fibrillation. Patients underwent anthropometric examination (height, weight, body mass index), blood pressure (BP) measurement, resting electrocardiography, Doppler echocardiography, ultrasonography. Thyroid hormonal status (free T3, free T4, thyroid stimulating hormone, anti-TG, and antibodies to thyroperoxidase) was also examined. Thyroid hormones were analyzed by enzyme-linked immunosorbent assay using Bio Screen MS-500 (USA).

Results. The distribution of atrial fibrillation by form was as follows: paroxysmal form was registered in 26 (19.4%) patients, persistent — in 7 (5.2%), long-term persistent — in 19 (14.2%), and permanent — in 79 (59.0%). Arterial hypertension (AH) was detected in 81 patients (60.4%) with AF, chronic heart failure (CHF) in 82.8%, type 2 diabetes mellitus in 26 (19.4%), and coronary heart disease (CHD) in 42 (31.3%). Ischemic stroke was registered in 9 (6.7%) patients with a history of AF. One somatic comorbidity was found in 25 (18.8%) patients, two in 40 (29.3%), three in 44 (32.8%), four in 19 (14.5%), and five in 6 (4.6%). Approximately 80% of patients with AF were at high risk for stroke and thromboembolic complications without anticoagulant therapy.

Conclusion. The majority of AF patients are diagnosed with other cardiovascular diseases, including AH, CHD and CHF. In the surveyed group, a combination of two and three diseases was detected in more than 60% of cases.