



**NEWS RELEASE**

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**Are smartwatch health apps to detect atrial fibrillation smart enough?**

*Mobile health technology to detect atrial fibrillation generates a high rate of false positives and inconclusive results in some patients with certain cardiac conditions, investigators report in the Canadian Journal of Cardiology*

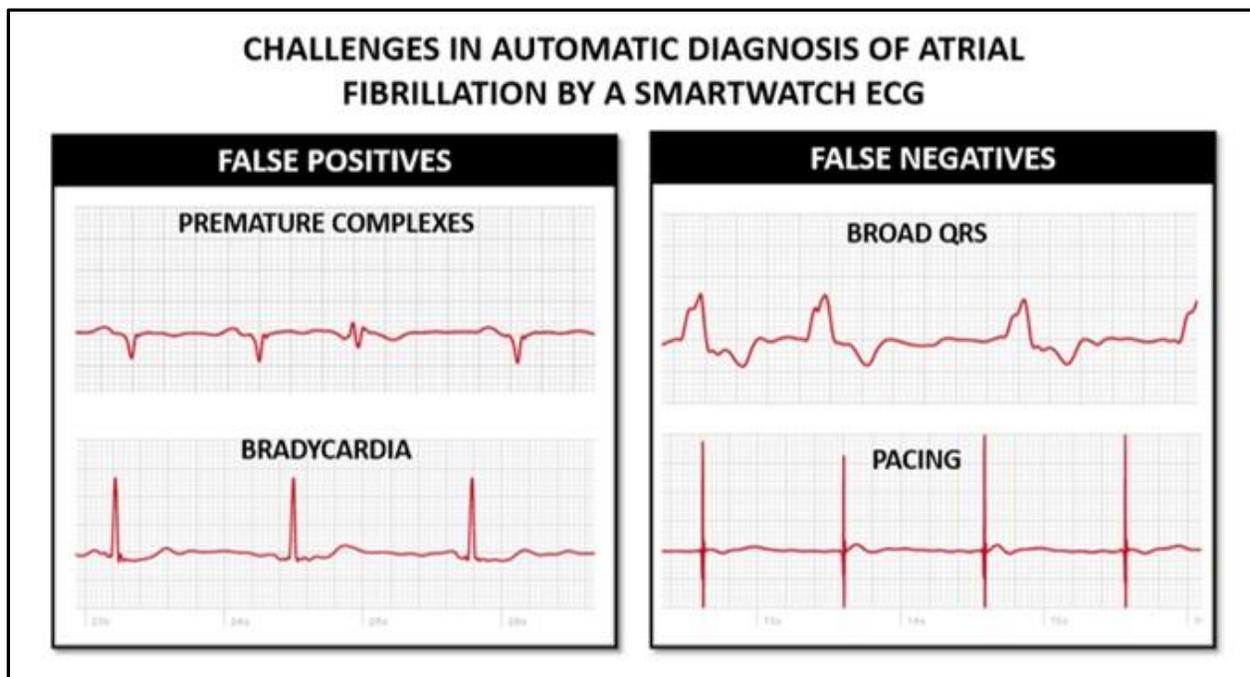
**Philadelphia, October 12, 2022** – Extended cardiac monitoring in patients and the use of implantable cardiovascular electronic devices can increase detection of atrial fibrillation (AF), but the devices have limitations including short battery life and lack of immediate feedback. Can new smartphone tools that can record an electrocardiogram (ECG) strip and make an automated diagnosis overcome these limitations and facilitate timely diagnosis? The [largest study](#) to date, in the [Canadian Journal of Cardiology](#), published by Elsevier, finds that the use of these devices is challenging in patients with abnormal ECGs. Better algorithms and machine learning may help these tools provide more accurate diagnoses, investigators say.

“Earlier studies have validated the accuracy of the Apple Watch for the diagnosis of AF in a limited number of patients with similar clinical profiles,” explained lead investigator Marc Strik, MD, PhD, LIRYC institute, Bordeaux University Hospital, Bordeaux, France. “We tested the accuracy of the Apple Watch ECG app to detect AF in patients with a variety of coexisting ECG abnormalities.”

The study included 734 consecutive hospitalized patients. Each patient underwent a 12-lead ECG, immediately followed by a 30-second Apple Watch recording. The smartwatch’s automated single-lead ECG AF detections were classified as “no signs of atrial fibrillation,” “atrial fibrillation,” or “inconclusive reading.” Smartwatch recordings were given to an electrophysiologist who conducted a blinded interpretation, assigning each tracing a diagnosis of “AF,” “absence of AF,” or “diagnosis unclear.” A second blinded electrophysiologist interpreted 100 randomly selected traces to determine the extent to which the observers agreed.

In approximately one in every five patients, the smartwatch ECG failed to produce an automatic diagnosis. The risk of having a false positive automated AF detection was higher for patients with premature atrial and ventricular contractions (PACs/PVCs), sinus node dysfunction, and second- or third-degree atrioventricular-block. For patients in AF, the risk of having a false negative tracing (missed AF) was higher for patients with ventricular conduction abnormalities (interventricular conduction delay) or rhythms controlled by an implanted pacemaker.

The cardiac electrophysiologists had a high level of agreement for differentiation between AF and non-AF. The smartphone app correctly identified 78% of the patients who were in AF and 81% who were not in AF. The electrophysiologists identified 97% of the patients who were in AF and 89% who were not.



Caption: Example of false positive (failure to diagnose a normal ECG in patient without AF) electrocardiograms (ECGs) caused by occurrence of premature complexes or bradycardia and false negative (failure to detect AF in a patient with AF) ECGs caused by broad QRS complexes and ventricular pacing (Credit: *Canadian Journal of Cardiology*).

Patients with PVCs were three times more likely to have false positive AF diagnoses from the smartwatch ECG, and the identification of patients with atrial tachycardia (AT) and atrial flutter (AFL) was very poor.

“These observations are not surprising, as smartwatch automated detection algorithms are based solely on cycle variability,” Dr. Strik noted, explaining that PVCs cause short and long cycles, which increase cycle variability. “Ideally, an algorithm would better discriminate between PVCs and AF. Any algorithm limited to the analysis of cycle variability will have poor accuracy in detecting AT/AFL. Machine learning approaches may increase smartwatch AF detection accuracy in these patients.”

In an [accompanying editorial](#), Andrés F. Miranda-Arboleda, MD, and Adrian Baranchuk, MD, Division of Cardiology, Kingston Health Science Center, Kingston, ON, Canada, observed that this is the first “real-world” study focusing on the use of the Apple Watch as a diagnostic tool for AF.

“It is of remarkable importance because it allowed us to learn the performance of the Apple Watch in the diagnosis of AF is significantly affected by the presence of underlying ECG abnormalities. In a certain manner, the smartwatch algorithms for the detection of AF in patients with cardiovascular conditions are not yet smart enough. But they may soon be,” Dr. Miranda-Arboleda and Dr. Baranchuk said.

“With the growing use of smartwatches in medicine, it is important to know which medical conditions and ECG abnormalities could impact and alter the detection of AF by the smartwatch in order to optimize the care of our patients,” Dr Strik said. “Smartwatch detection of AF has great potential, but it is more challenging in patients with pre-existing cardiac disease.”

### Notes for editors

The article is "Role of Coexisting ECG Anomalies in the Accuracy of Smartwatch ECG Detection of Atrial Fibrillation," by Hugo-Pierre Racine, MD, Marc Strik, MD, PhD, Joske van der Zande, Saer Abu Alrub, MD, Théo Caillol, MD, Michel Haïssaguerre, MD, Sylvain Ploux, MD, PhD, and Pierre Bordachar, MD, PhD (<https://doi.org/10.1016/j.cjca.2022.08.222>).

The editorial is "Atrial Fibrillation Detection by Smartwatch Devices in Patients with Underlying ECG Abnormalities: Still Not Smart Enough?" by Andrés F. Miranda-Arboleda, MD, and Adrian Baranchuk, MD (<https://doi.org/10.1016/j.cjca.2022.09.007>).

Both articles appear online ahead of the *Canadian Journal of Cardiology*, volume 38 issue 11 (November 2022) published by [Elsevier](#).

Full text of the articles is available to credentialed journalists upon request. Contact Eileen Leahy at +1 732 238 3628 or [cjcmmedia@elsevier.com](mailto:cjcmmedia@elsevier.com) to obtain copies. Journalists wishing to speak to the study's authors should contact Marc Strik, MD, PhD, at [marcstriik@gmail.com](mailto:marcstriik@gmail.com). To reach the editorial's authors for comment, contact Adrian Baranchuk, MD, at [baranacha@kgh.kari.net](mailto:baranacha@kgh.kari.net).

### About the *Canadian Journal of Cardiology*

The *Canadian Journal of Cardiology* is the official journal of the [Canadian Cardiovascular Society](#). It is a vehicle for the international dissemination of new knowledge in cardiology and cardiovascular science, particularly serving as a major venue for the results of Canadian cardiovascular research and Society guidelines. The journal publishes original reports of clinical and basic research relevant to cardiovascular medicine as well as editorials, review articles, case reports, and papers on health outcomes, policy research, ethics, medical history, and political issues affecting practice. [www.onlinecjc.ca](http://www.onlinecjc.ca)

### About the Editor-in-Chief

Editor-in-Chief Stanley Nattel, MD, is Paul-David Chair in Cardiovascular Electrophysiology and Professor of Medicine at the University of Montreal and Director of the Electrophysiology Research Program at the Montreal Heart Institute Research Center.

### About the Canadian Cardiovascular Society (CCS)

The [CCS](#) is the national voice for cardiovascular clinicians and scientists, representing more than 2,300 cardiologists, cardiac surgeons and other heart health specialists across Canada. We advance heart health for all by setting standards for excellence in heart health and care, building the knowledge and expertise of the heart team, and influencing policy and advocating for the heart health of all Canadians. For further information on the CCS visit <https://www.ccs.ca/en>.

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