Atrial fibrillation (AF) is one of the major cardiovascular health problems and is estimated to increase further in prevalence and incidence in the coming years. AF causes symptoms in many patients, reduces health-related quality of life and increases the risk of stroke, heart failure and mortality. Catheter ablation for AF, AF ablation, is an increasingly used treatment in patients with symptomatic AF who have failed antiarrhythmic medication and in selected patients as a first-line treatment. In spite of improving technology, arrhythmia recurrences are common and repeat ablation is often required to achieve symptom control. Success of AF ablation is primarily reported as freedom from AF based on intermittent rhythm monitoring and may be overestimated partly because recurrent AF episodes may cause little or no symptoms. Continuous rhythm monitoring with implantable loop recorders have proven highly sensitive in detecting AF and an accurate AF burden and may be useful in determining whether patients are truly free of AF recurrences. However, the main purpose of AF ablation is a reduction of symptoms and improvement in health-related quality of life, i.e. improvement of patient-reported outcomes. In previous studies, patient-reported outcomes have been assessed more often with generic than with AF-specific instruments and, with few exceptions, only as secondary endpoints.

In patients with therapy refractory AF, atrioventricular junction ablation (AVJA) and implantation of a pacemaker is a palliative treatment option that improves patient-reported outcomes but renders the patient pacemaker-dependent. Long-term right ventricular pacing may lead to a worsening or even new heart failure.

The aims of this thesis were to investigate the long-term outcomes in patients who underwent AVJA and right ventricular pacing and the effects of AF ablation on symptoms and health-related quality of life in relation to the continuously monitored rhythm up to two years after AF ablation.