

KULCZYCKA-ROWICKA, Agnieszka, PODOLEC, Julianna, CIRAULO, Silvia, WOJDA, Joanna, SOBIŃSKI, Adam, KOŚCIUSZKO, Zuzanna, KURZA, Katarzyna, CZERWONKA, Matylda, LESICZKA-FEDORYJ, Katarzyna, and WALCZAK, Anna. Detecting Atrial Fibrillation Using Smartwatches. *Quality in Sport*. 2025;38:58311. eISSN 2450-3118.

<https://doi.org/10.12775/QS.2025.38.58311>

<https://apcz.umk.pl/OS/article/view/58311>

The journal has been 20 points in the Ministry of Higher Education and Science of Poland parametric evaluation. Annex to the announcement of the Minister of Higher Education and Science of 05.01.2024. No. 32553.

Has a Journal's Unique Identifier: 201398. Scientific disciplines assigned: Economics and finance (Field of social sciences); Management and Quality Sciences (Field of social sciences).

Punkty Ministerialne z 2019 - aktualny rok 20 punktów. Załącznik do komunikatu Ministra Szkolnictwa Wyższego i Nauki z dnia 05.01.2024 r. Lp. 32553. Posiada Unikatowy Identyfikator Czasopisma: 201398.

Przypisane dyscypliny naukowe: Ekonomia i finanse (Dziedzina nauk społecznych); Nauki o zarządzaniu i jakości (Dziedzina nauk społecznych).

© The Authors 2025;

This article is published with open access at Licensee Open Journal Systems of Nicolaus Copernicus University in Torun, Poland

Open Access. This article is distributed under the terms of the Creative Commons Attribution Noncommercial License which permits any noncommercial use, distribution, and reproduction in any medium, provided the original author (s) and source are credited. This is an open access article licensed under the terms of the Creative Commons Attribution Non commercial license Share alike. (<http://creativecommons.org/licenses/by-nc-sa/4.0/>) which permits unrestricted, non commercial use, distribution and reproduction in any medium, provided the work is properly cited.

The authors declare that there is no conflict of interests regarding the publication of this paper.

Received: 28.01.2025. Revised: 05.02.2025. Accepted: 07.02.2025 Published: 07.02.2025.

Detecting Atrial Fibrillation Using Smartwatches

Agnieszka Kulczycka-Rowicka

Śniadeckiego Voivodeship Hospital in Białystok: Białystok, PL

Maria Skłodowska- Curie 26, 15-950 Białystok

kulczyckaa97@gmail.com

<https://orcid.org/0009-0009-8917-4042>

Julianna Podolec

University Clinical Hospital In Białystok: Białystok, PL

Maria Skłodowska- Curie 24A, 15-276 Białystok

podolecjulianna@gmail.com

<https://orcid.org/0009-0000-6980-7046>

Silvia Ciraolo

University Clinical Hospital in Bialystok: Bialystok, PL

Maria Skłodowska- Curie 24A, 15-276 Bialystok

ciraolo.silvia@gmail.com

<https://orcid.org/0009-0005-7010-5195>

Joanna Wojda

University Clinical Hospital in Bialystok: Bialystok, PL

Maria Skłodowska- Curie 24A, 15-276 Bialystok

joannaw12@hotmail.com

<https://orcid.org/0009-0006-2662-8893>

Adam Sobiński

MEDAR Private Healthcare Facility in Leczyca: Leczyca, PL

Kilińskiego 4, 99 - 100 Leczyca

a.sobinski25@gmail.com

<https://orcid.org/0009-0003-3063-5621>

Zuzanna Kościuszko

Florian Ceynowy Specialist Hospital in Wejherowo: Wejherowo, PL

Dr Alojzego Jagielskiego 10, 84-200 Wejherowo

kosciuszkozuzanna@gmail.com

<https://orcid.org/0009-0008-1490-8569>

Katarzyna Kurza

Independent Public Health Care Facility in Myślenice: Myślenice, PL

Szpitalna 2, 32-400 Myślenice

katarzynakurza@gmail.com

<https://orcid.org/0009-0009-0075-2257>

Matylda Czerwonka

Śniadeckiego Voivodeship Hospital in Białystok: Białystok, PL

Maria Skłodowska- Curie 26, 15-950 Białystok

matyldakinga@gmail.com

<https://orcid.org/0009-0000-9738-9646>

Katarzyna Lesiczka- Fedoryj

Hospital in Puszczykowo, Puszczykowo, PL

Józef Ignacy Kraszewski 11, 62-040 Puszczykowo

kat.lesiczka@gmail.com

<https://orcid.org/0009-0004-4213-3028>

Anna Walczak

Śniadeckiego Voivodeship Hospital in Białystok: Białystok, PL

Maria Skłodowska- Curie 26, 15-950 Białystok

annabwalczak@gmail.com

<https://orcid.org/0009-0004-4554-9598>

ABSTRACT

The purpose of research: Atrial fibrillation is a globally widespread medical issue. In many cases, atrial fibrillation is paroxysmal, which makes its detection challenging and can delay the implementation of appropriate treatment. The aim of this review is to analyze the latest information on the use of smartwatches in detecting atrial fibrillation.

Research materials and methods: This review draws on data sourced from the current literature and clinical reports from various sources. The search involved the use of keywords like “atrial fibrillation”, "smartwatch," "cardiac arrhythmia, "detecting arrhythmias”, “arrhythmia” and "wearable devices”.

Basic results: The findings indicate that the detection of atrial fibrillation (AF) using commercially available smartwatches demonstrates a very high level of diagnostic accuracy but still has room for improvement.

Conclusions: Atrial fibrillation is a very common problem among patients and the number of sick people increases every year. Detecting these arrhythmias is therefore extremely important to counteract potential, dangerous complications and implement appropriate prevention.

Smartwatches are a promising tool supporting the diagnosis of cardiac arrhythmias and monitoring already diagnosed diseases. Further research and continuous improvement of technologies are needed so that it is possible to use them in everyday medical practice.

Introduction

Arrhythmia, or heart rhythm disorder, refers to a condition where the heart beats irregularly or abnormally. Among cardiac arrhythmias, atrial fibrillation (AF) is the most common, affecting 8.8 million people aged 55 and older in Europe in 2010. Predictions show that this number will increase to more than double to 17.9 million by the year of 2060¹. Approximately 700,000 people in the United States may have undiagnosed atrial fibrillation². Arrhythmias are associated to 15–20% of all passings, especially cases of sudden cardiac death, displaying the importance of increased focus on these conditions³.

This is a particularly important problem, since AF can carry a numerous life-threatening complication, especially ischemic stroke, which is five times more frequent in patients with atrial fibrillation than in those without this arrhythmia⁴. The diagnosis is not problematic if, in addition to the typical ECG, the patient is symptomatic, but the problem may be atrial fibrillation, which is asymptomatic, and this all happens as well⁵. It is then very important to actively look for this arrhythmia in at-risk. The elementary step for detecting arrhythmias is 12-lead electrocardiography (ECG) which shows a heart rhythm recording in real time of the test being performed. An alternative is ECG holters, where we can monitor the recording for 24, 48 or 72h. The problem becomes atrial fibrillation attacks, which occur infrequently and cannot be captured by these tests.

As technology advances, people are increasingly choosing to use various devices designed to make daily life easier like wearable smart devices, such as smartwatches, capable of assisting in the detection and management of cardiac arrhythmias and sundry health conditions^{6,7}. Once, the primary function of watches was to measure time - today smartwatches are much more than that. They are capable of monitoring biometric data such as heart rhythm, pulse rate, sleep pattern, oxygen saturation and blood pressure⁸. Some accessories using

photoplethysmography (PPG) can register patients' electrocardiography (ECG) within a 30-s interval, playing an essential role in monitoring or detecting AF^{9,10,11}.

Conventional continuous heart monitors or implantable devices improve the detection of atrial fibrillation in high-risk populations^{5,12,13,14,15}.

How smartwatches work?

Currently, there are more than 100,000 mobile apps on the market targeting users' health and over 400 wearable devices monitoring activities which shows how quickly this business is growing¹⁶. Smartwatches can monitor the patient's heart rate continuously, in real time, without affecting the patient's comfort in any way¹⁷. With a single click of the watch, a 30-second rhythm recording is triggered, after which both the watch and the paired phone display the result of the measurement along with possible recommendations such as a doctor's appointment. Such a feature in smartwatches is one of the reasons for the rise in popularity of these devices over the past few years¹⁸.

The essence of the devices' operation is photoplethysmography (PPG) from an optical sensor to analyze heart rate from the skin. The technology described identifies the heart cycle based on the pulsatile pattern of changes in light absorption, which corresponds to changes in blood volume in the vessels beneath the skin surface¹⁹.

Scientific research reports for detection of atrial fibrillation by smartwatches:

A total of 18 studies on the detection of atrial fibrillation, bradyarrhythmias, tachyarrhythmias, and premature contractions were analyzed, evaluating diagnostic accuracy in 424,371 individuals. The signals analyzed by smartwatches were based on photoplethysmography. The overall sensitivity, specificity, and accuracy of smartwatches for detecting cardiac arrhythmias were 100% (95% CI 0.99-1.00), 95% (95% CI 0.93-0.97), and 97% (95% CI 0.96-0.99), respectively. The pooled positive predictive value and negative predictive value for detecting cardiac arrhythmias were 85% (95% CI 0.79-0.90) and 100% (95% CI 1.0-1.0), respectively²⁰.

One meta-analysis compared the sensitivity and specificity of smartwatches in the context of detecting atrial fibrillation. It showed comparable diagnostic accuracy - smartphones had a sensitivity of 94% and a specificity of 96%, and smartwatches had specificity of 94% and a sensitivity of 93%. In subgroup analyses, the analysis found no difference in diagnostic accuracy between photoplethysmography and single lead electrocardiography²¹.

One study compared five smart devices in detecting atrial fibrillation compared to a 12-lead ECG. Their study involved 201 patients, 62 of whom had previously been diagnosed with atrial fibrillation. Sensitivity and specificity for AF detection were similar across all watches: 85% and 75% for the Apple Watch 6, 85% and 75% for the Samsung Galaxy Watch 3, 58% and 75% for the Withings Scanwatch, 66% and 79% for the Fitbit Sense, and 79% and 69% for the AliveCor KardiaMobile, respectively. In terms of patient preference, the Apple Watch ranked highest. It was preferred by 39% of participants^{22,23}.

In another study, the goal was to provide insight into the percentage of patients for whom anticoagulant therapy would be beneficial if atrial fibrillation (AF) was detected through data from wearable devices. The study utilized electronic health records (EHR) and data from Apple Watch users, including 1,802 individuals. Based on these data, high-risk patients were identified. The analysis used their medical history, Apple Watch usage patterns, and the risk of atrial fibrillation determined by an approved model. The study found that, on average, 0.25% ($n = 4.58$, 95% CI, 2.0–8.0) of patients could be considered suitable candidates for initiating anticoagulant treatment due to AF detection using the Apple Watch^{23,24}.

Limits:

Although the contribution of smartwatches to atrial fibrillation detection seems promising, they have many limitations.

Apple Inc. was the first company to receive FDA approval for the automatic detection of AF using an ECG feature on a smartwatch²⁵. The increasing number of users with smartwatches capable of self-recording and automatically diagnosing AF has led to a rise in early-stage diagnoses of the condition. Early intervention in AF is more effective, helping to lower the risk of stroke and heart failure²⁶. However, the automatic detection of AF in current smartwatches is still not flawless. AF classification is limited to a specific heart rate range, typically between 50 and 120 or 150 beats per minute²⁷. Additionally, the Apple Watch (AW) often returns inconclusive results, which can lead to significant delays in diagnosis^{28,29}.

Smartwatches are mainly popular among the 18-34 age group, with an estimated 40% owning a smartwatch in this age group. Among people aged 35-54, the figure is already 30%. However, when it comes to age 55 upwards, it is only 15%³⁰, and it is this age group that is most at risk of developing atrial fibrillation. It is also important to remember that not all devices that have the function of performing ECGs have FDA approval and should not be used to monitor heart rate.

The European Society of Cardiology suggests that 12-, single- or multiple-lead ECGs should always be used to diagnose atrial fibrillation to avoid misdiagnoses. This does not include non-ECG wearables and other devices that typically use photoplethysmography²⁸. ECGs performed by smartwatches often have false-positive results when it comes to diagnosing atrial fibrillation, so the inclusion of anticoagulant treatment, without first confirming the diagnosis, can carry the risk of adverse reactions to anticoagulants, such as bleeding, which can be life-threatening.

Costs are also a significant limitation - wearable devices are not reimbursed in any way, patients must purchase them themselves, which involves costs that not everyone can afford.

Disclosure:**Author Contribution Statement:**

Conceptualization: Agnieszka Kulczycka-Rowicka, Joanna Wojda

Methodology: Agnieszka Kulczycka-Rowicka, Adam Sobiński

Investigation: Agnieszka Kulczycka-Rowicka, Joanna Wojda, Adam Sobiński, Zuzanna Kościuszko, Silvia Ciraolo

Writing-rough preparation: Agnieszka Kulczycka-Rowicka

Writing-review and editing: Agnieszka Kulczycka-Rowicka, Anna Walczak, Matylda Czerwona, Katarzyna Kurza, Katarzyna Lesiczka-Fedoryj, Silvia Ciraolo

Project administration: Agnieszka Kulczycka-Rowicka

All authors have read and agreed with the published version of the manuscript. Funding Statement: The study did not receive special funding. Conflict of Interest Statement: There is no conflict of interest.

References:

1. Krijthe, B.P.; Kunst, A.; Benjamin, E.J.; Lip, G.Y.; Franco, O.H.; Hofman, A.; Witteman, J.C.; Stricker, B.H.; Herringa, J. Projections on the number of individuals with atrial fibrillation in the European Union, from 2000 to 2060. *Eur. Heart J.* **2013**, *34*, 2746–2751. [[Google Scholar](#)] [[CrossRef](#)]
2. Turakhia MP, Shafrin J, Bogner K, et al. Estimated prevalence of undiagnosed atrial fibrillation in the United States. *PLoS One* 2018;13(4):e0195088-e0195088.
3. Srinivasan, N.T.; Schilling, R.J. Sudden Cardiac Death and Arrhythmias. *Arrhythmia Electrophysiol. Rev.* **2018**, *7*, 111–117. [[Google Scholar](#)] [[CrossRef](#)] [[PubMed](#)]

4. Wolf PA, Abbott RD, Kannel WB. Atrial fibrillation as an independent risk factor for stroke: the Framingham study. *Stroke*. 1991 Aug;22(8):983–8. doi: 10.1161/01.str.22.8.983.
5. Sanna T, Diener H-C, Passman RS, et al. Cryptogenic stroke and underlying atrial fibrillation. *N Engl J Med* 2014;370:2478-2486.
6. Garikapati, K.; Turnbull, S.; Bennett, R.G.; Campbell, T.G.; Kanawati, J.; Wong, M.S.; Thomas, S.P.; Chow, C.K.; Kumar, S. The Role of Contemporary Wearable and Handheld Devices in the Diagnosis and Management of Cardiac Arrhythmias. *Heart Lung Circ*. **2022**, *31*, 1432–1449. [[Google Scholar](#)] [[CrossRef](#)] [[PubMed](#)]
7. Xiao-Yong, C.; Bo-Xiong, Y.; Shuai, Z.; Jie, D.; Peng, S.; Lindi, G.L. Intelligent health management based on analysis of big data collected by wearable smart watch. *Cogn. Robot*. **2023**, *3*, 1–7. [[Google Scholar](#)] [[CrossRef](#)]
8. Lima, F.V.; Kadiyala, V.; Huang, A.; Agusala, K.; Cho, D.; Freeman, A.M.; Druz, R. At the Crossroads! Time to Start Taking Smartwatches Seriously. *Am. J. Cardiol*. **2022**, *179*, 96–101. [[Google Scholar](#)] [[CrossRef](#)]
9. Turakhia, M.P.; Desai, M.; Hedlin, H.; Rajmane, A.; Talati, N.; Ferris, T.; Desai, S.; Nag, D.; Patel, M.; Kowey, P.; et al. Rationale and design of a large-scale, app-based study to identify cardiac arrhythmias using a smartwatch: The Apple Heart Study. *Am. Heart J*. **2019**, *207*, 66–75. [[Google Scholar](#)] [[CrossRef](#)] [[PubMed](#)]
10. Lubitz, S.A.; Faranesh, A.Z.; Atlas, S.J.; McManus, D.D.; Singer, D.E.; Pagoto, S.; Pantelopoulos, A.; Foulkes, A.S. Rationale and design of a large population study to validate software for the assessment of atrial fibrillation from data acquired by a consumer tracker or smartwatch: The Fitbit heart study. *Am. Heart J*. **2021**, *238*, 16–26. [[Google Scholar](#)] [[CrossRef](#)]
11. Guo, Y.; Wang, H.; Zhang, H.; Liu, T.; Liang, Z.; Xia, Y.; Yan, L.; Xing, Y.; Shi, H.; Li, S.; et al. Mobile Photoplethysmographic Technology to Detect Atrial Fibrillation. *J. Am. Coll. Cardiol*. **2019**, *74*, 2365–2375. [[Google Scholar](#)] [[CrossRef](#)]
12. Healey JS, Connolly SJ, Gold MR, et al. Subclinical atrial fibrillation and the risk of stroke. *N Engl J Med* 2012;366:120-129
13. Belkin MN, Soria CE, Waldo AL, et al. Incidence and clinical significance of new-onset device-detected atrial tachyarrhythmia: a meta-analysis. *Circ Arrhythm Electrophysiol* 2018;11(3):e005393-e005393.

14. Steinhubl SR, Waalen J, Edwards AM, et al. Effect of a home-based wearable continuous ECG monitoring patch on detection of undiagnosed atrial fibrillation: the mSToPS randomized clinical trial. *JAMA* 2018;320:146-155.
15. Li KHC, White FA, Tipoe T, Liu T, Wong MC, Jesuthasan A, Baranchuk A, Tse G, Yan BP. The current state of mobile phone apps for monitoring heart rate, heart rate variability, and atrial fibrillation: narrative review. *JMIR Mhealth Uhealth*. 2019; 7: e11 606.
16. Park H, Pei J, Shi M, Xu Q, Fan J. Designing wearable computing devices for improved comfort and user acceptance. *Ergonomics*. 2019 Nov 03;62(11):1474–84. doi:10.1080/00140139.2019.1657184.
17. Gil MA. Standard and precordial leads obtained with an Apple Watch. *Ann Intern Med*. 2020 Mar 17;172(6):436–7. doi: 10.7326/M19-2018.2756147
18. Turakhia MP, Desai M, Hedlin H, Rajmane A, Talati N, Ferris T, Desai S, Nag D, Patel M, Kowey P, Rumsfeld JS, Russo AM, Hills MT, Granger CB, Mahaffey KW, Perez MV. Rationale and design of a large-scale, app-based study to identify cardiac arrhythmias using a smartwatch: the Apple HeartStudy. *Am Heart J*. 2019 Jan;207:66–75. doi: 10.1016/j.ahj.2018.09.002.
19. Nazarian S, Lam K, Darzi A, Ashrafian H. Diagnostic Accuracy of Smartwatches for the Detection of Cardiac Arrhythmia: Systematic Review and Meta-analysis. *J Med Internet Res*. 2021 Aug 27;23(8):e28974. doi: 10.2196/28974. PMID: 34448706; PMCID: PMC8433941
20. Prasitlumkum N, Cheungpasitporn W, Chokesuwattanaskul A, Thangjui S, Thongprayoon C, Bathini T, Vallabhajosyula S, Kanitsoraphan C, Leesutipornchai T, Chokesuwattanaskul R. Diagnostic accuracy of smart gadgets/wearable devices in detecting atrial fibrillation: A systematic review and meta-analysis. *Arch Cardiovasc Dis*. 2021 Jan;114(1):4-16. doi: 10.1016/j.acvd.2020.05.015. Epub 2020 Sep 10. PMID: 32921618
21. Detection of Arrhythmias Using Smartwatches-A Systematic Literature Review. Bence Bogár, Dániel Pető, Dávid Sipos, Gábor Füredi, Antónia Keszthelyi, József Betlehem, Attila András Pandur, PMID: 38727449, PMCID: PMC11083549 DOI: 10.3390/healthcare12090892

22. Mannhart, D.; Lischer, M.; Knecht, S.; Lavallaz, J.D.F.; Strebel, I.; Serban, T.; Vögeli, D.; Schaer, B.; Osswald, S.; Mueller, C.; et al. Clinical Validation of 5 Direct-to-Consumer Wearable Smart Devices to Detect Atrial Fibrillation: BASEL Wearable Study. *JACC Clin. Electrophysiol.* **2023**, *9*, 232–242. [[Google Scholar](#)] [[CrossRef](#)] [[PubMed](#)]
23. Feldman, K.; Duncan, R.G.; Nguyen, A.; Cook-Wiens, G.; Elad, Y.; Nuckols, T.; Pevnick, J.M. Will Apple devices' passive atrial fibrillation detection prevent strokes? Estimating the proportion of high-risk actionable patients with real-world user data. *J. Am. Med. Inform. Assoc.* **2022**, *29*, 1040–1049. [[Google Scholar](#)] [[CrossRef](#)] [[PubMed](#)]
24. The Verge Why Apple Needed the FDA to Sign off on Its EKG but Not Its Blood Oxygen Monitor—The Verge. Available online: <https://www.theverge.com/2020/10/7/21504023/apple-watch-ekg-blood-oxygen-fda-clearance> (accessed on 4 May 2023).
25. Pappano, A.; Wier, W. *Cardiovascular Physiology*, 11th ed.; Elsevier Health Sciences: Philadelphia, PA, USA, 2018. [[Google Scholar](#)]
26. Apple Take an ECG with the ECG App on Apple Watch—Apple Support (IN). Available online: <https://support.apple.com/en-in/HT208955> (accessed on 4 May 2023).
27. Abu-Alrub, S.; Strik, M.; Ramirez, F.D.; Moussaoui, N.; Racine, H.P.; Marchand, H.; Buliard, S.; Haïssaguerre, M.; Ploux, S.; Bordachar, P. Smartwatch Electrocardiograms for Automated and Manual Diagnosis of Atrial Fibrillation: A Comparative Analysis of Three Models. *Front. Cardiovasc. Med.* **2022**, *9*, 836375. [[Google Scholar](#)] [[CrossRef](#)] [[PubMed](#)]
28. Racine, H.P.; Strik, M.; van der Zande, J.; Alrub, S.A.; Caillol, T.; Haïssaguerre, M.; Ploux, S.; Bordachar, P. Role of Coexisting ECG Anomalies in the Accuracy of Smartwatch ECG Detection of Atrial Fibrillation. *Can. J. Cardiol.* **2022**, *38*, 1709–1712. [[Google Scholar](#)] [[CrossRef](#)] [[PubMed](#)]
29. Tajammul Pangarkar. Smartwatch Statistics 2025 By wearables, Technology, Devices. Jan 13, 2025
30. 2024 ESC Guidelines for the management of atrial fibrillation developed in collaboration with the European Association for Cardio-Thoracic Surgery (EACTS). Developed by the task force for the management of atrial fibrillation of the European Society of

Cardiology (ESC), with the special contribution of the European Heart Rhythm Association (EHRA) of the ESC. Endorsed by the European Stroke Organisation (ESO). Authors/Task Force Members: Isabelle C. Van Gelder ^{*†}, (Chairperson) (Netherlands), Michiel Rienstra [±], (Task Force Co-ordinator) (Netherlands), Karina V. Bunting [±], (Task Force Co-ordinator) (United Kingdom), Ruben Casado-Arroyo (Belgium), Valeria Caso ¹ (Italy), Harry J.G.M. Crijns (Netherlands), Tom J.R. De Potter (Belgium), Jeremy Dwight (United Kingdom), Luigina Guasti (Italy), Thorsten Hanke ² (Germany), Tiny Jaarsma (Sweden), Maddalena Lettino (Italy), Maja-Lisa Løchen (Norway), R. Thomas Lumbers (United Kingdom), Bart Maesen ² (Netherlands), Inge Mølgaard (Denmark), Giuseppe M.C. Rosano (United Kingdom), Prashanthan Sanders (Australia), Renate B. Schnabel (Germany), Piotr Suwalski ² (Poland), Emma Svennberg (Sweden), Juan Tamargo (Spain), Otilia Tica (Romania), Vassil Traykov (Bulgaria), Stylianos Tzeis (Greece), Dipak Kotecha ^{*†}, (Chairperson) (United Kingdom), and ESC Scientific Document Group