

Rhythm control in paroxysmal versus persistent atrial fibrillation

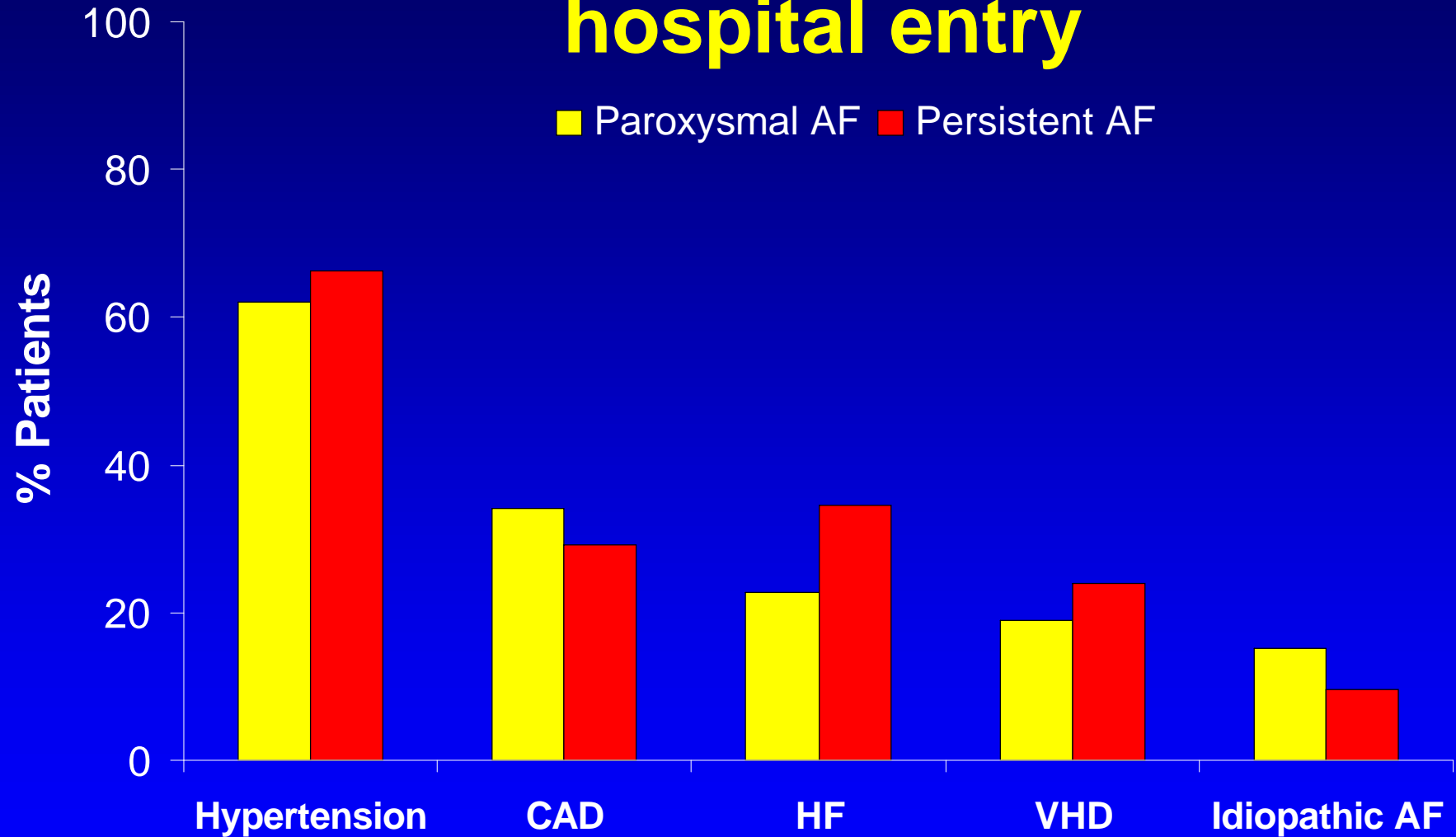
**Dr. Alessandro Capucci
“Guglielmo da Saliceto” Hospital
Piacenza - Italy**

Clinical types of AF

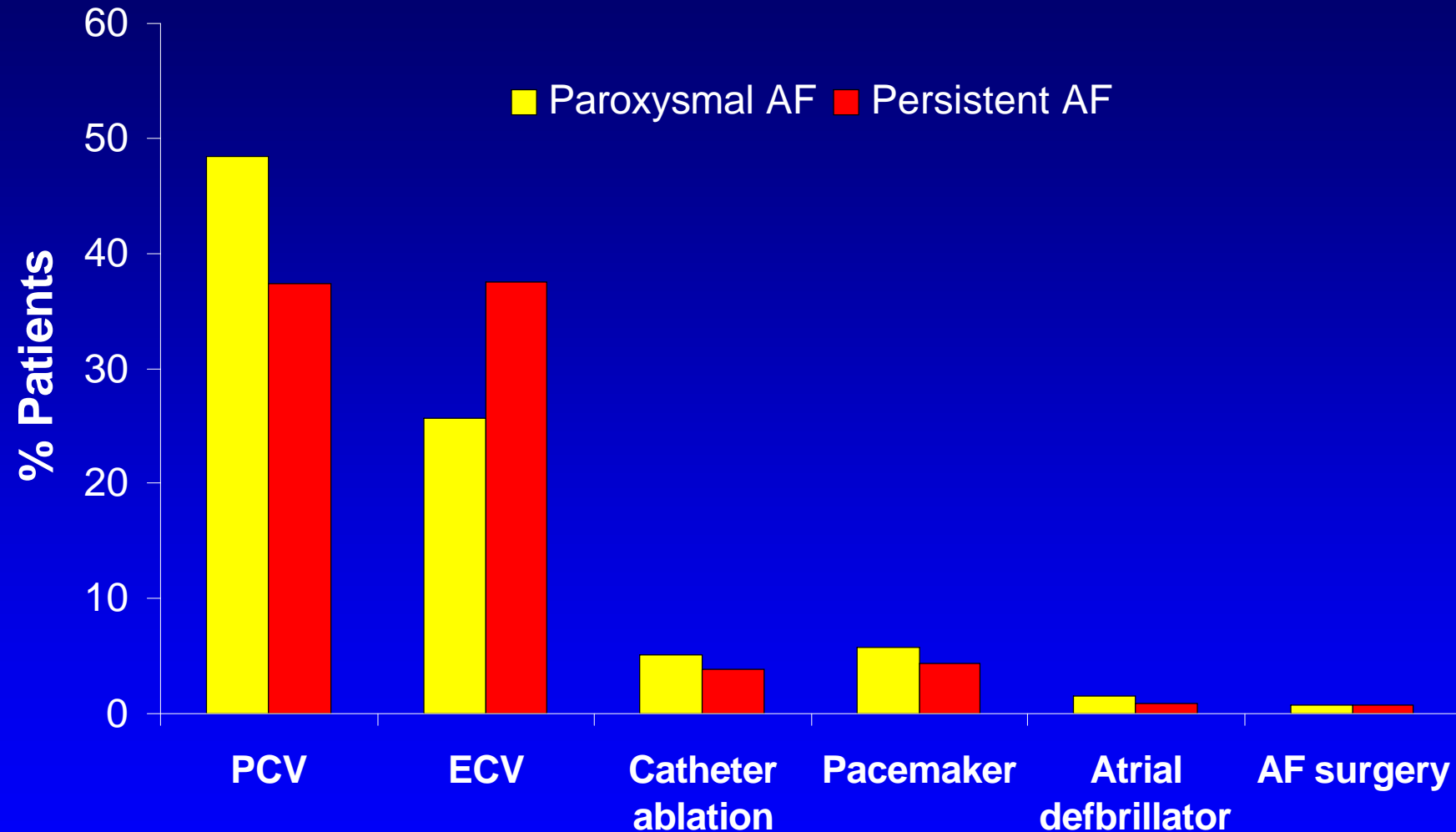
First detected	978 patients
Paroxysmal	1517
Persistent	1167
Permanent	1547

**Rhythm control strategy applied in
67% of symptomatic pts and 44% asymptomatic**

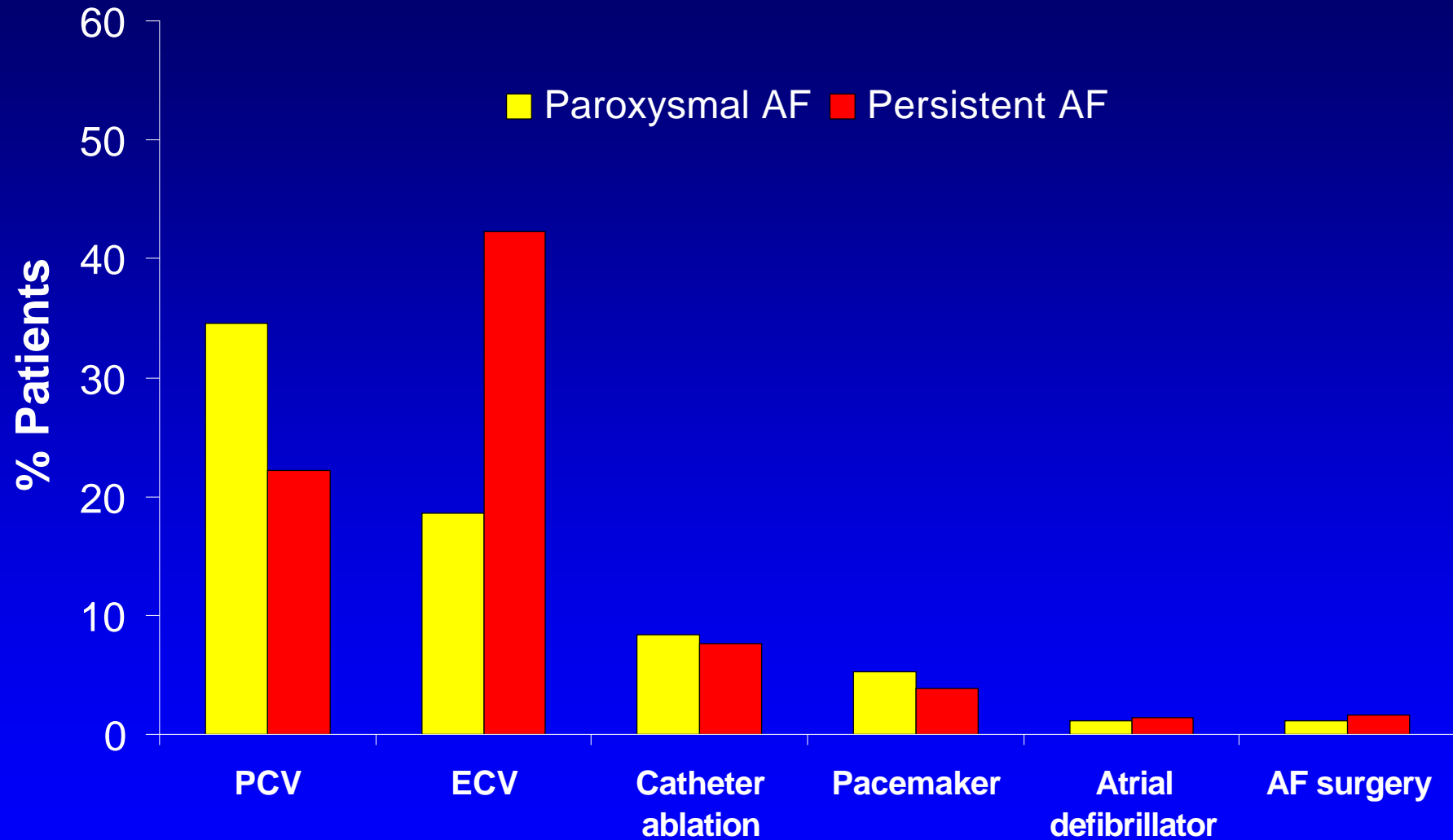
Patient characteristics at hospital entry



Previous Interventions



Current Interventions



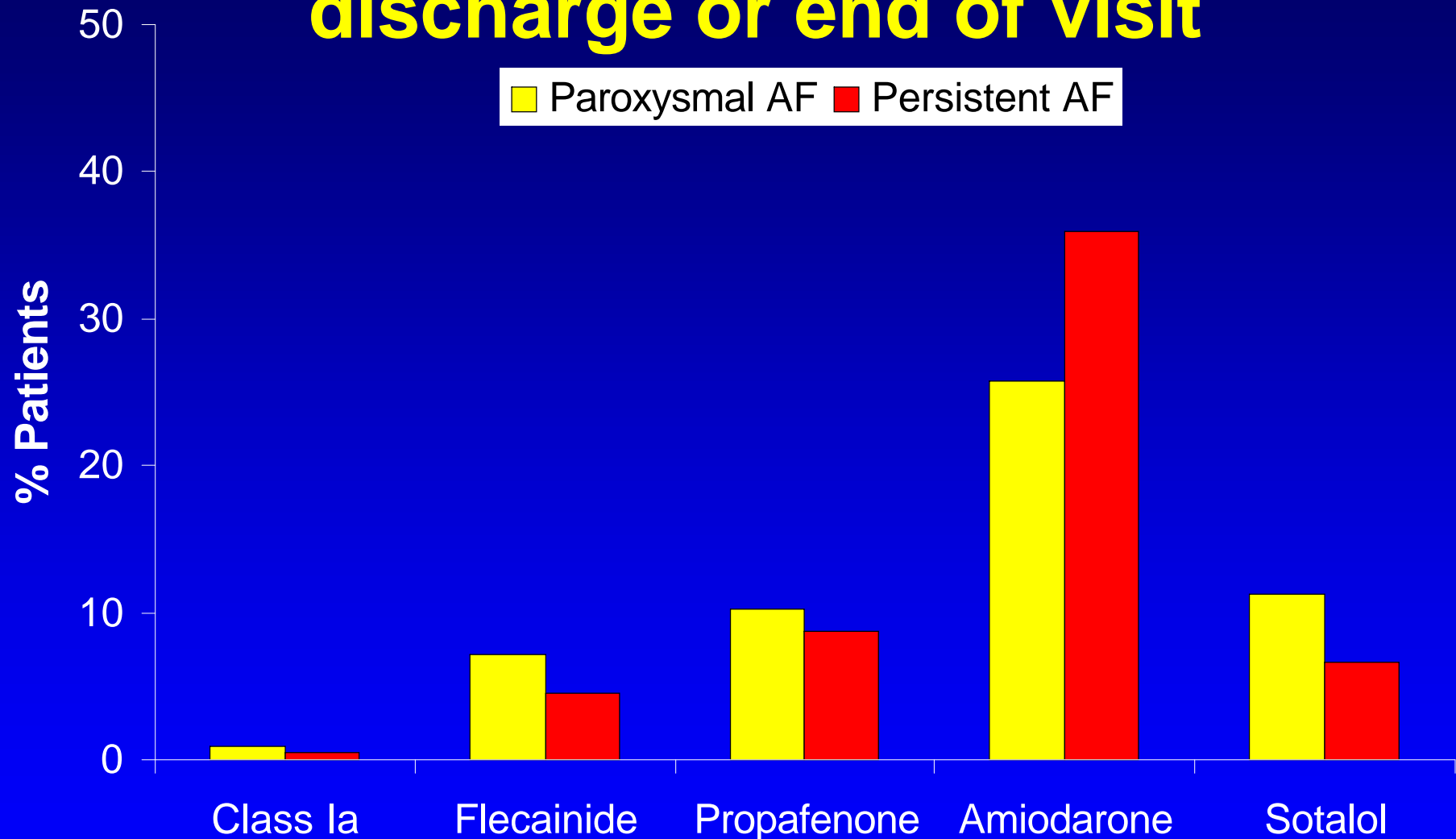
**Most symptomatic patients suffered
from palpitations and/or syncope
(75%)**

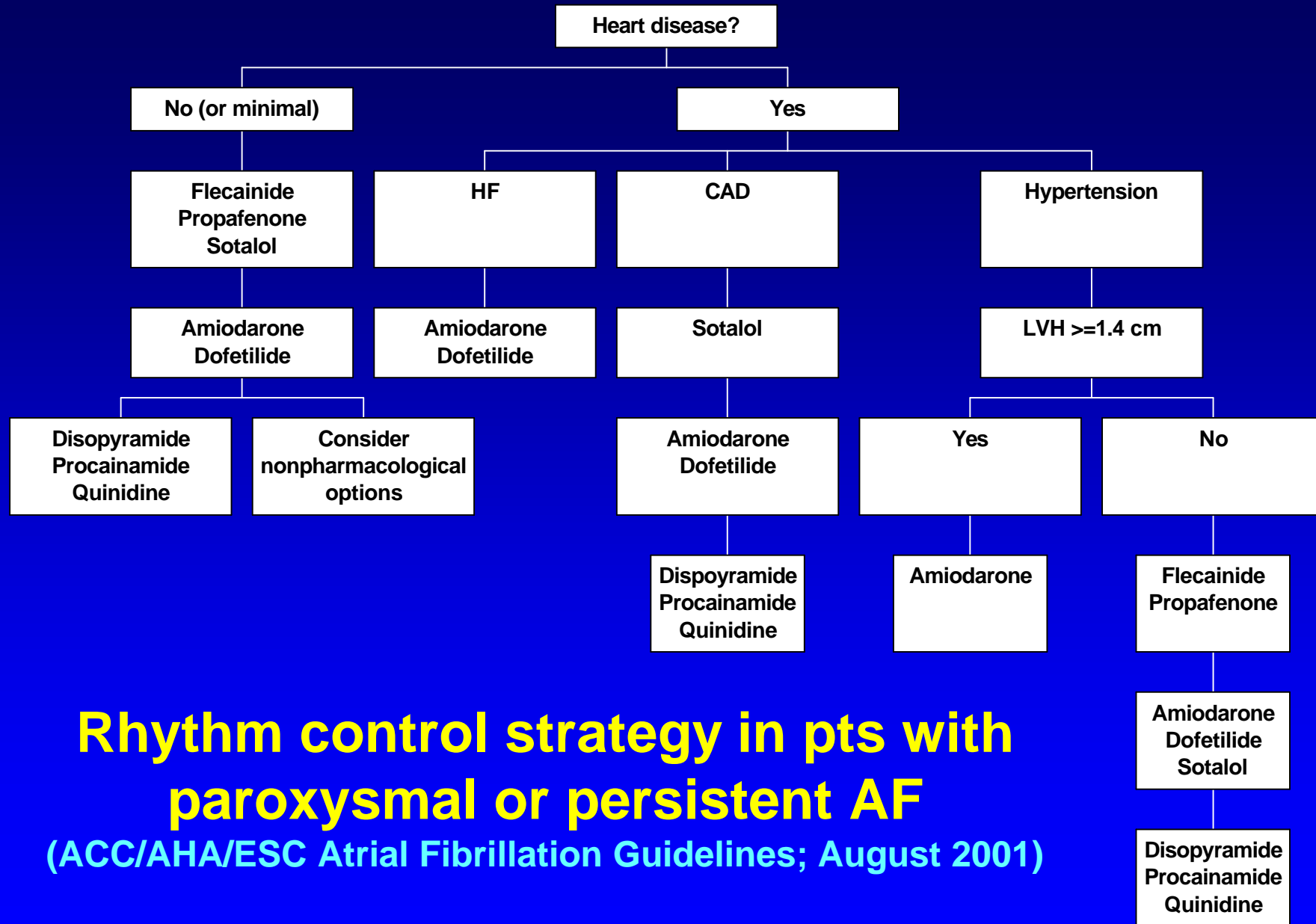
**77% of paroxysmal or persistent AF
under rhythm control**

**72% of first detected AF
under rhythm control**

**54% of all rhythm control patients were
on rate control drugs**

Antiarrhythmic Drug Therapy at discharge or end of visit





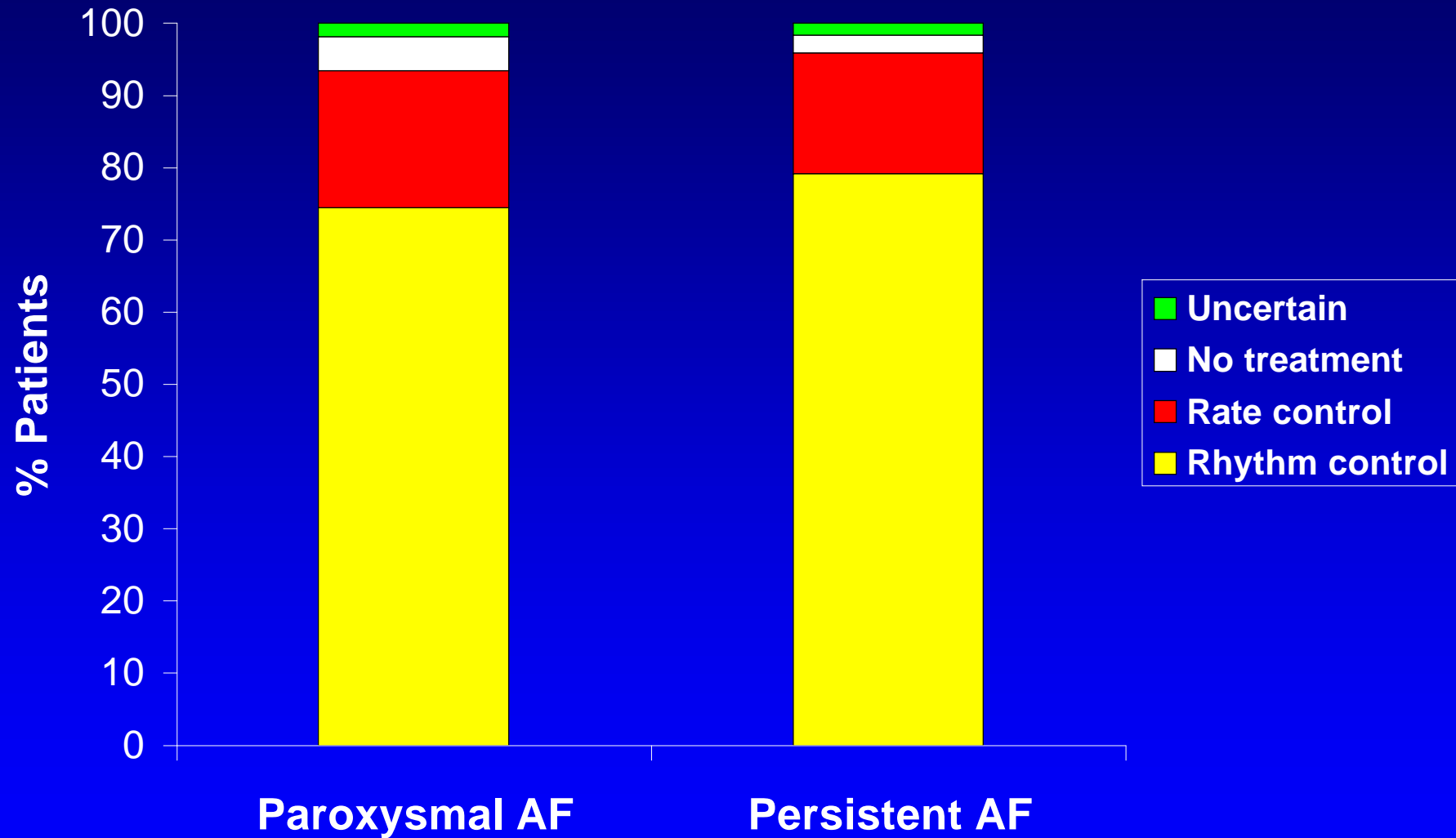
Rhythm control strategy in pts with paroxysmal or persistent AF
 (ACC/AHA/ESC Atrial Fibrillation Guidelines; August 2001)

Strategy

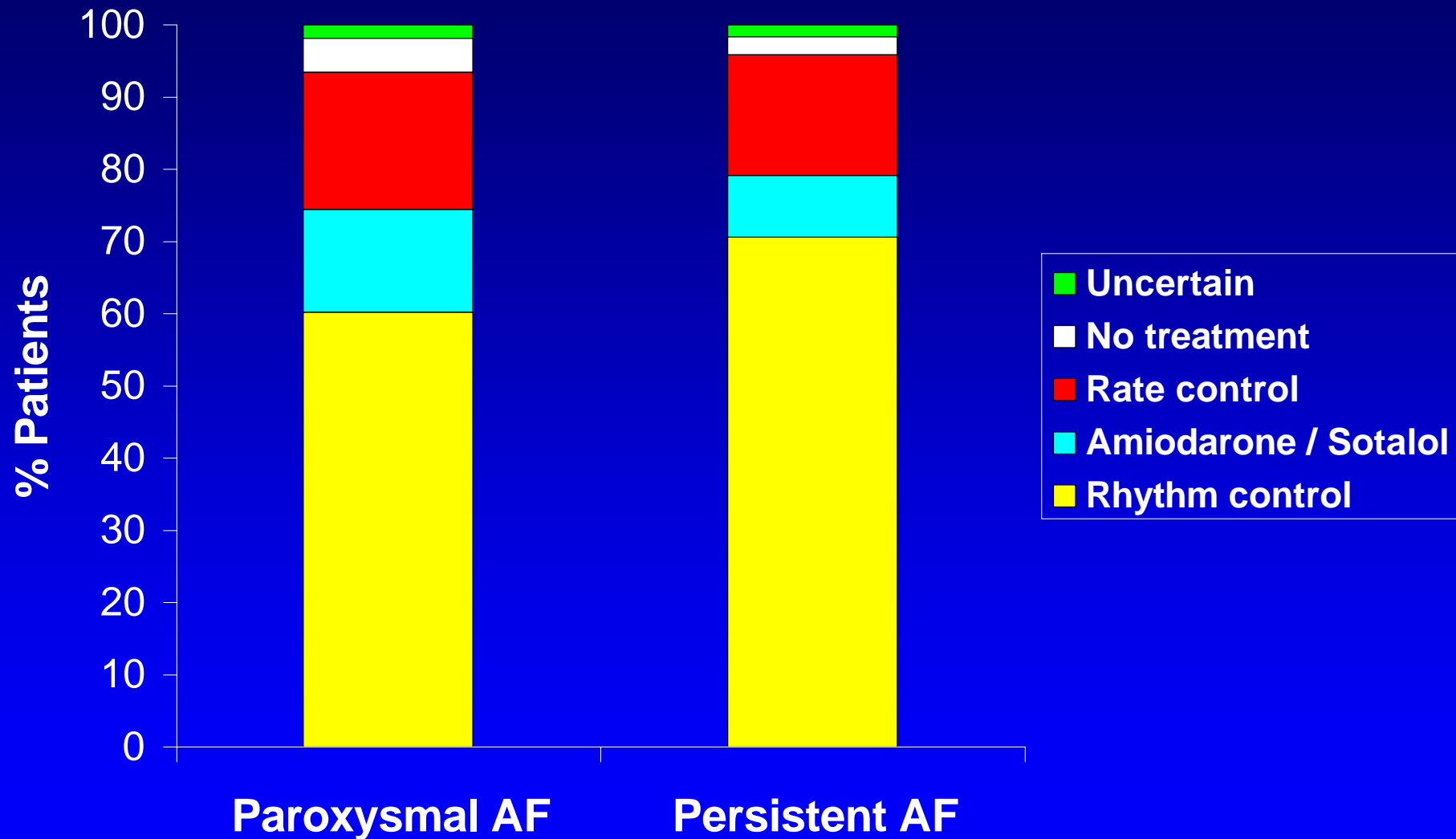
Rhythm control: currently applying or planning a pharmacological conversion or electrical cardioversion, or prescribing a class IA, IC, or III AAD.

Rate control: prescribing digitalis, class II, or class IV AAD, and not currently applying or planning any of the “rhythm control” procedures and not prescribing a class IA, IC or III AAD

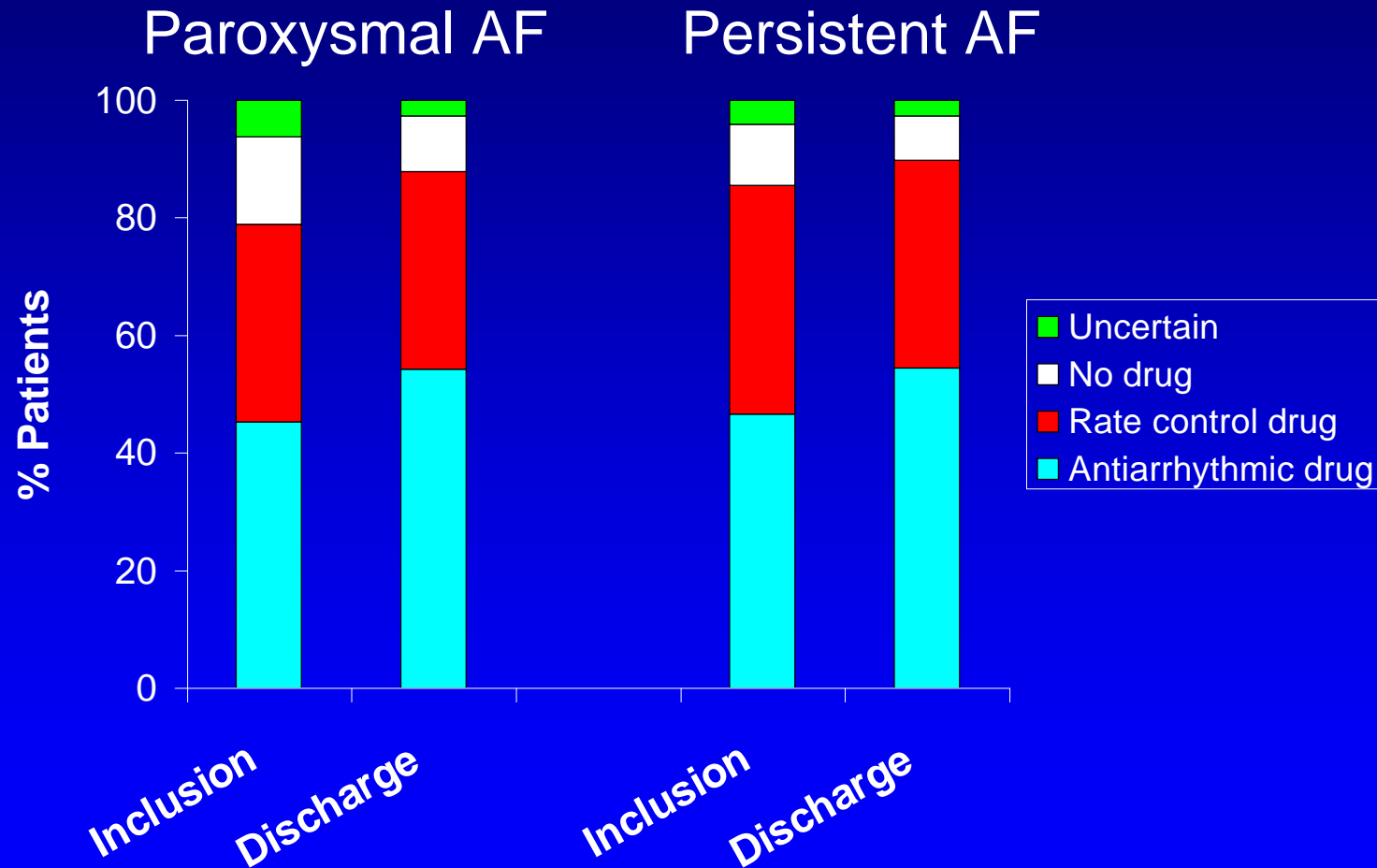
Strategy during Initial Survey



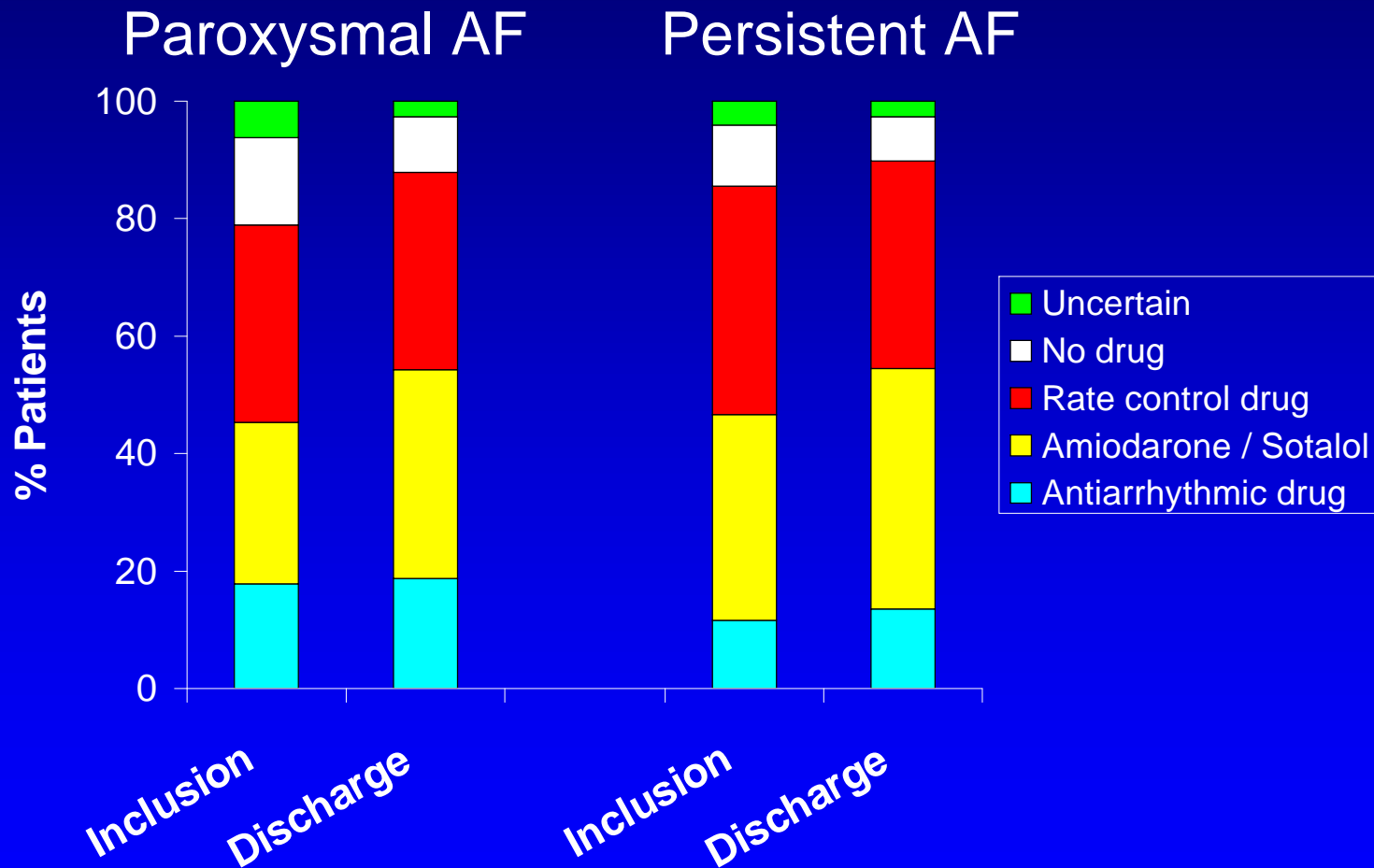
Strategy during Initial Survey: Amiodarone and Sotalol



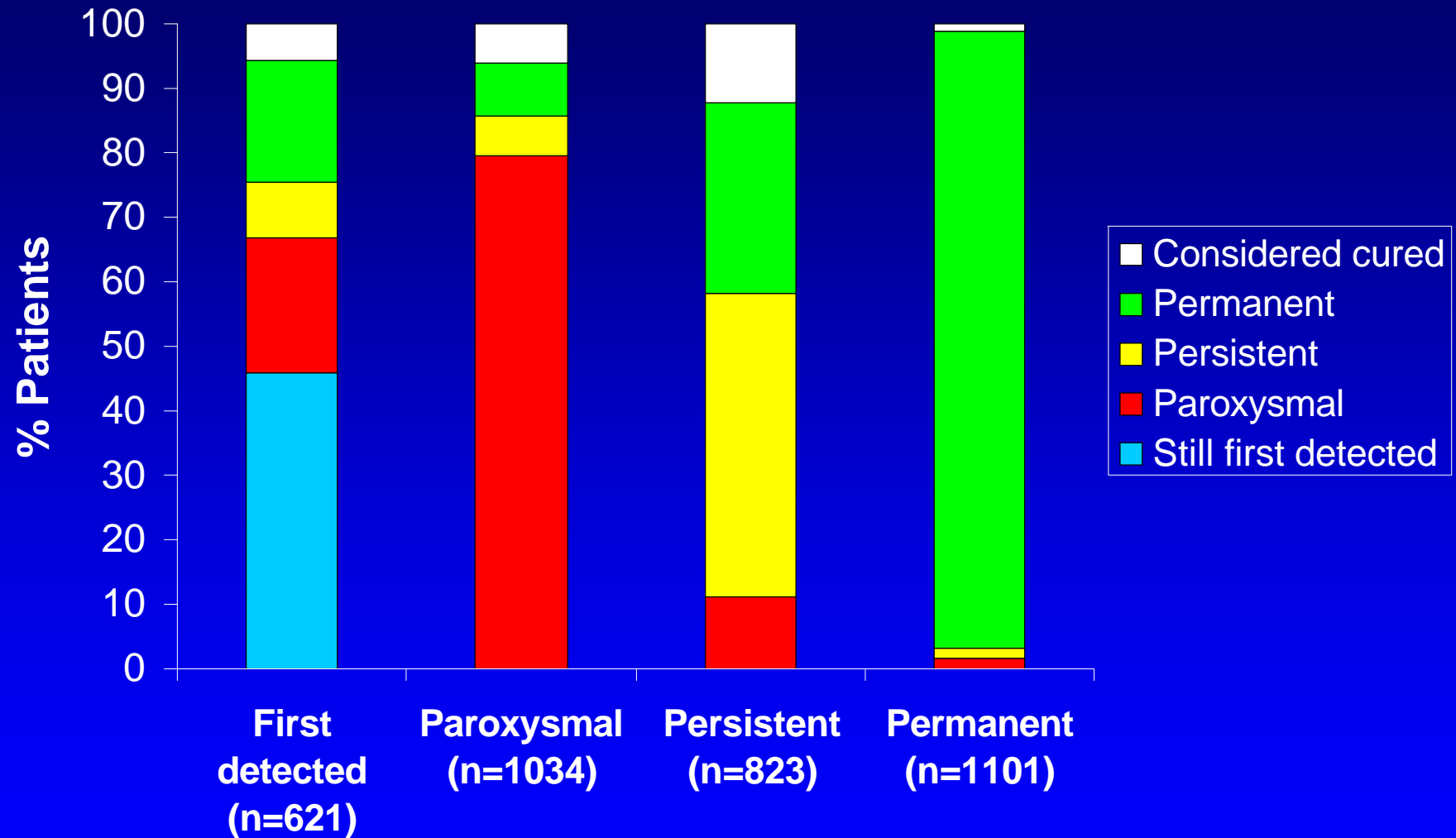
Strategy according to drug therapy only: AAD and rate control



Strategy according to drug therapy only: Amiodarone and sotalol

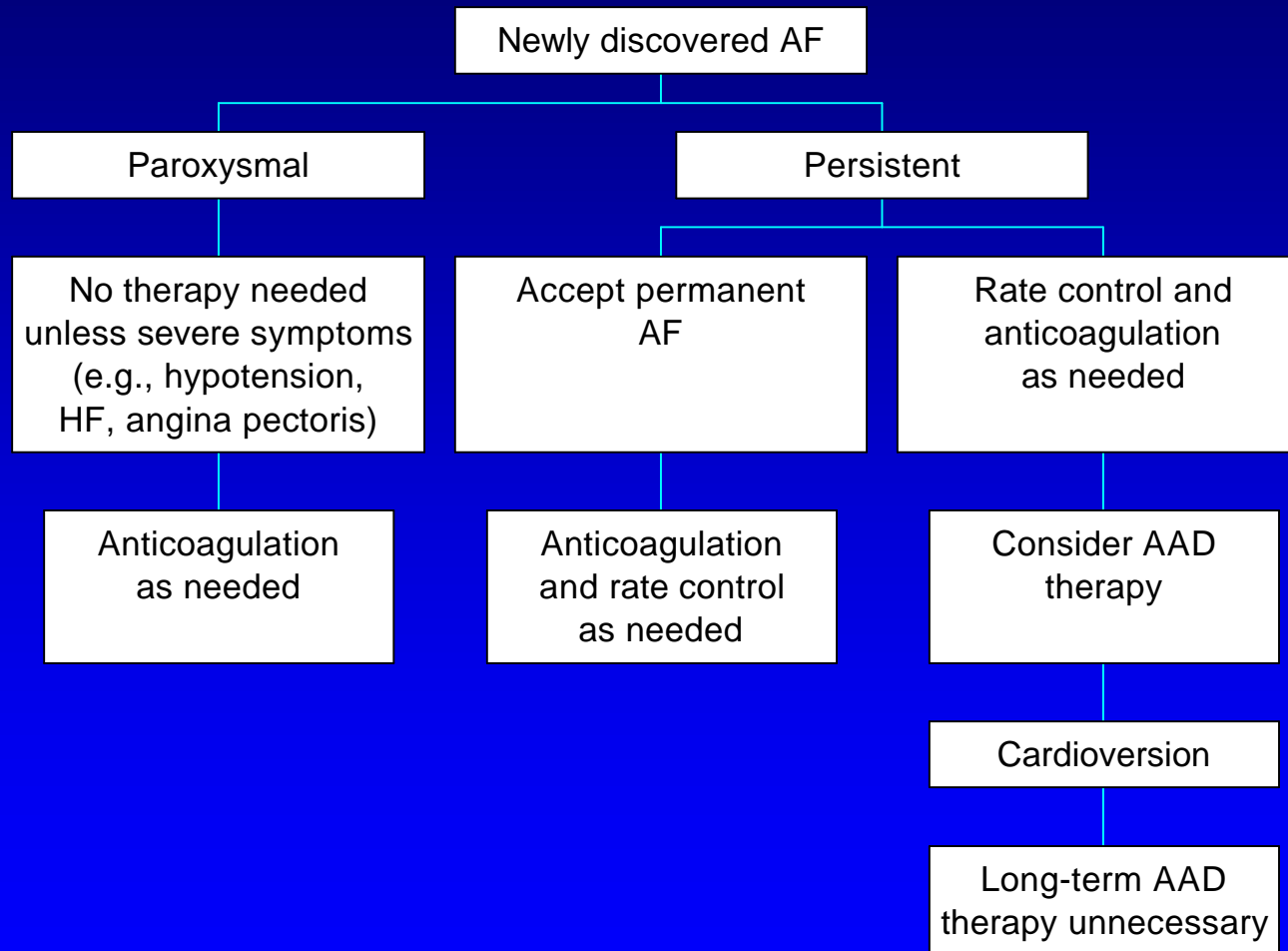


Change in Type of AF at 1 y follow-up

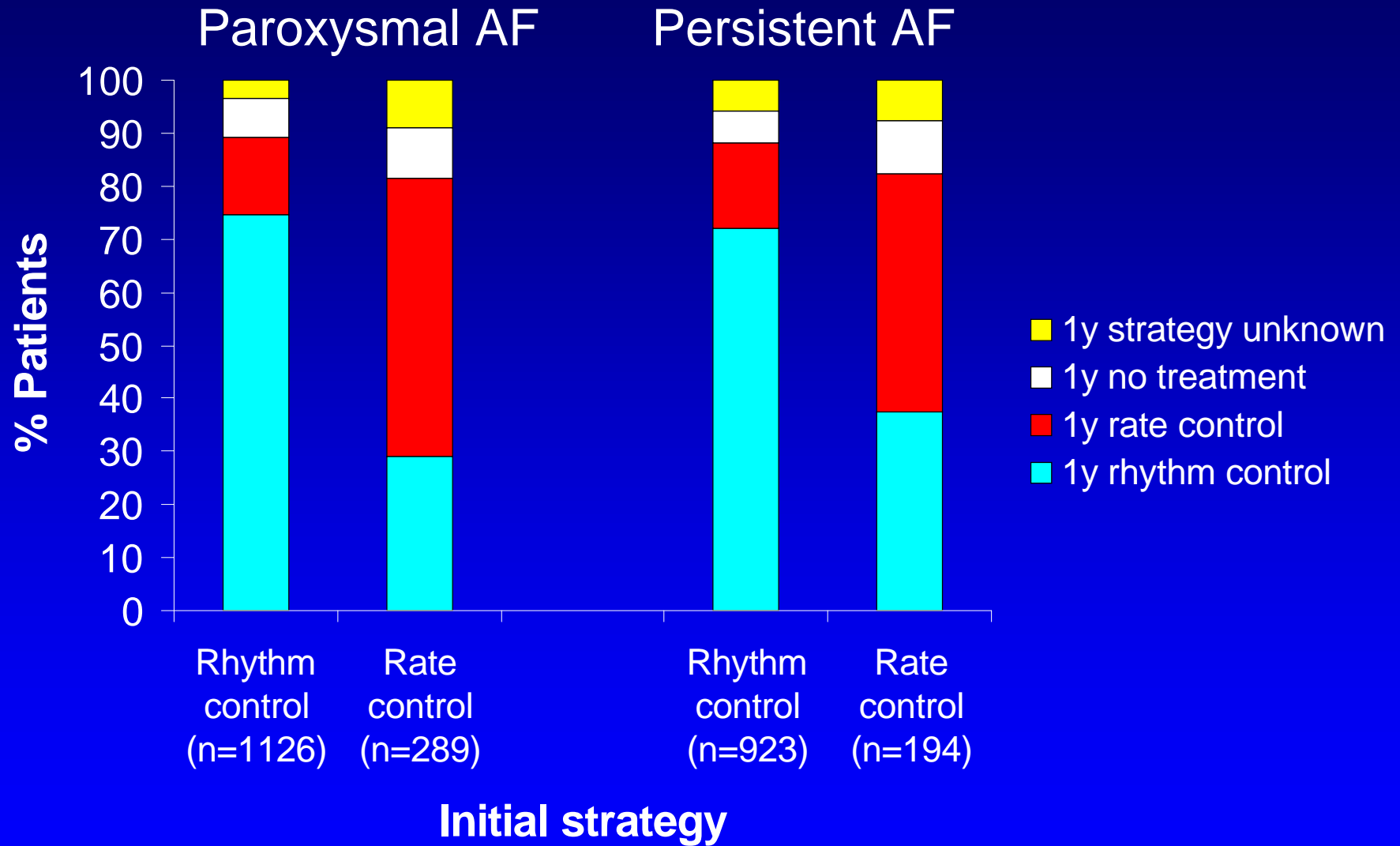


Pharmacological management of pts with newly discovered AF

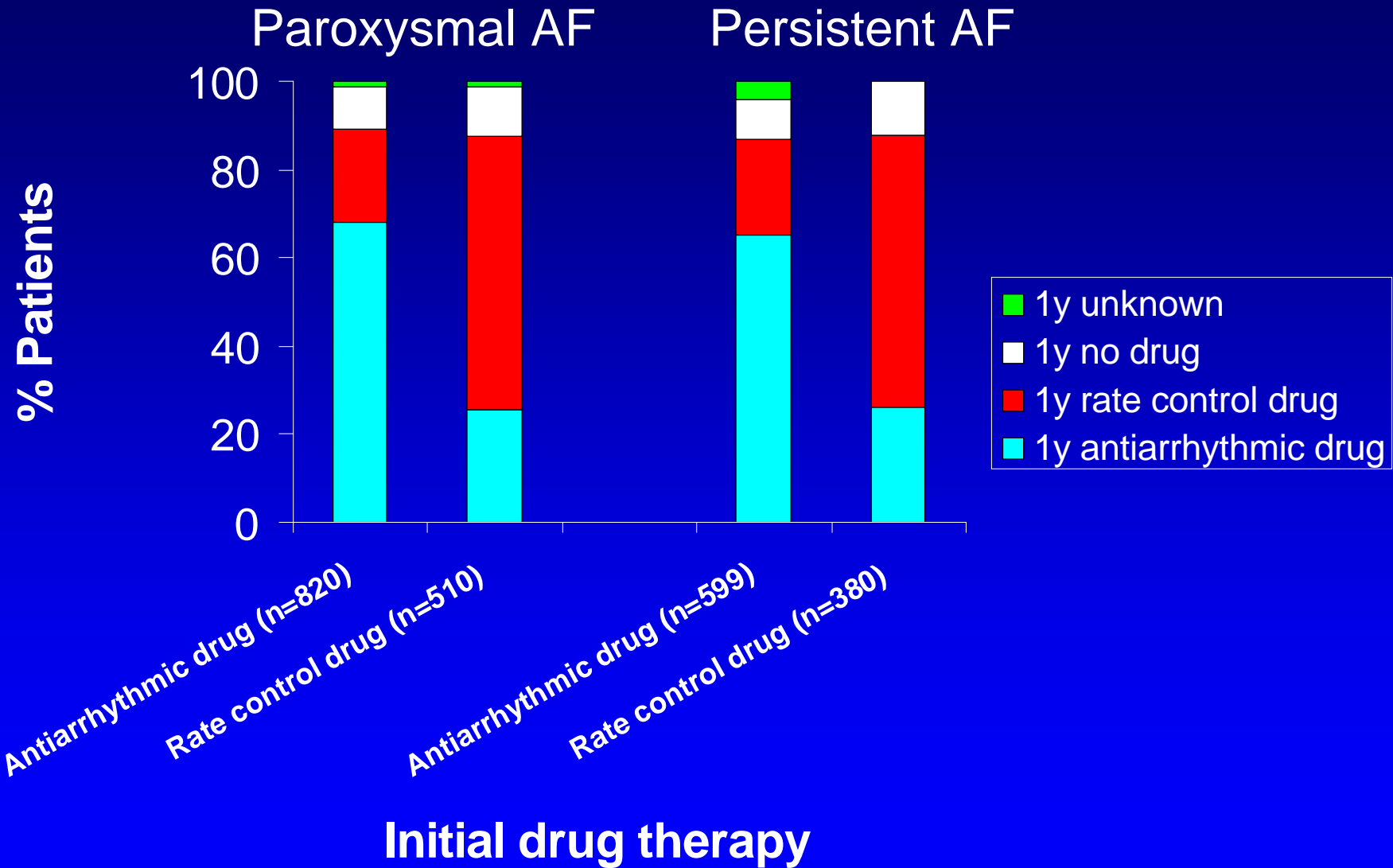
(ACC/AHA/ESC Atrial Fibrillation Guidelines; August 2001)



Strategy at 1 Year



Drug Therapy at 1 Year

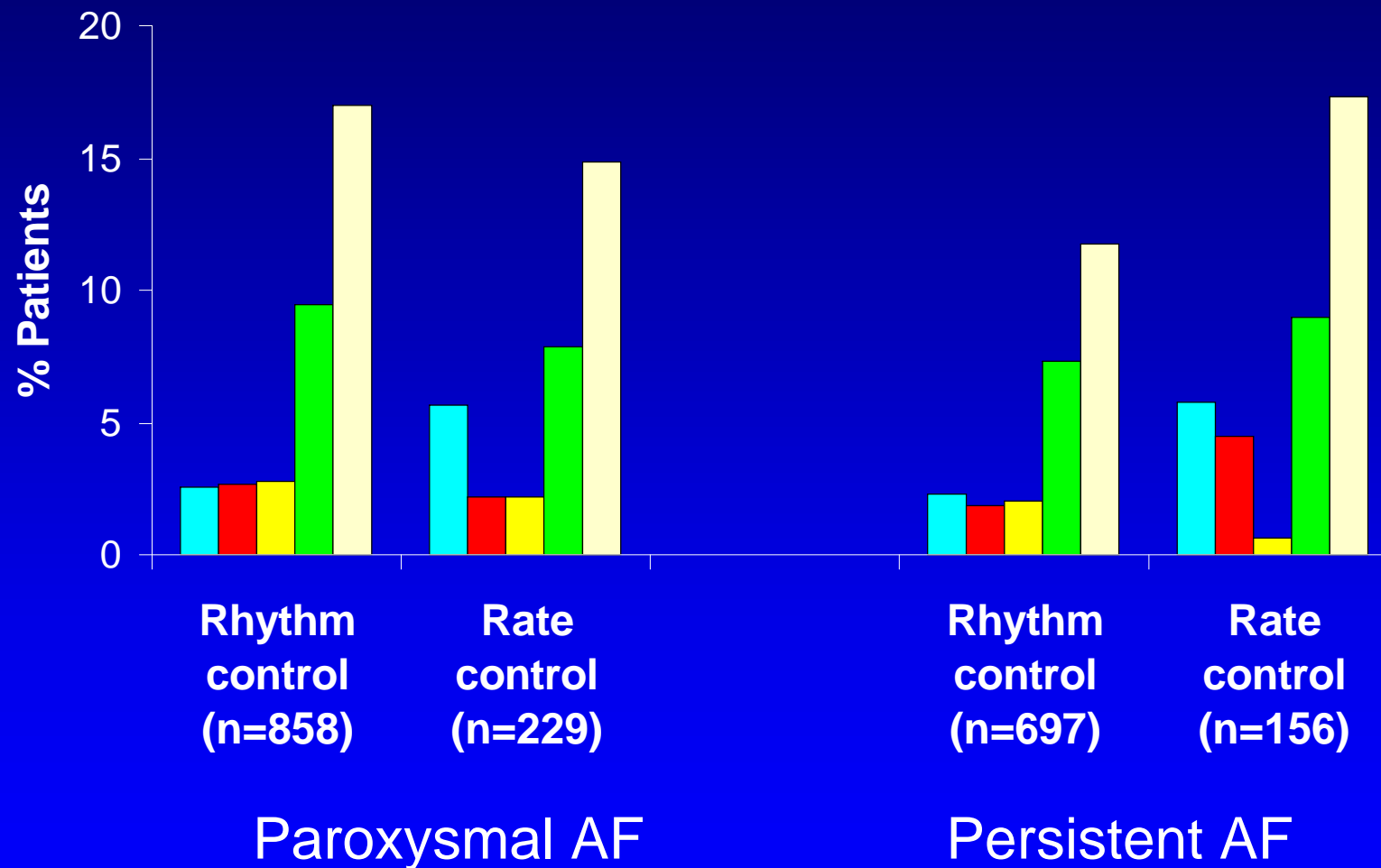


Heart failure endpoint= new onset of HF,
or worsening of existing HF.

Combined endpoint= mortality,
thromboembolism (stroke, TIA, MI),
major bleeding or heart failure.

Strategy versus 1 Year Outcome

■ Mortality ■ Stroke/TIA ■ Major bleeding ■ Heart failure ■ Combined endpoint



Patients with permanent AF were older and more often had heart failure, valvular heart disease or a previous stroke/TIA.

Paroxysmal and first detected AF were more often idiopathic.

Multivariate Analysis of Outcome

Patients who initially left the hospital with a rate control strategy had a lower chance, but not significant, of reaching the combined endpoint compared to rhythm control patients:

OR = 0.80 (0.64-1.0); p=0.050

Patients with 1st detected, paroxysmal or persistent AF in the initial survey had a lower chance of reaching the combined endpoint, compared to patients with permanent AF:

1st detected: OR=0.57 (0.42-0.76); p=0.000

Paroxysmal: OR=0.67 (0.52-0.87); p=0.002

Persistent: OR=0.45 (0.34-0.59); p=0.000

Multivariate Analysis of Outcome (2)

Heart failure

1st detected AF

Paroxysmal AF

Persistent AF

Age >70 years

OAC

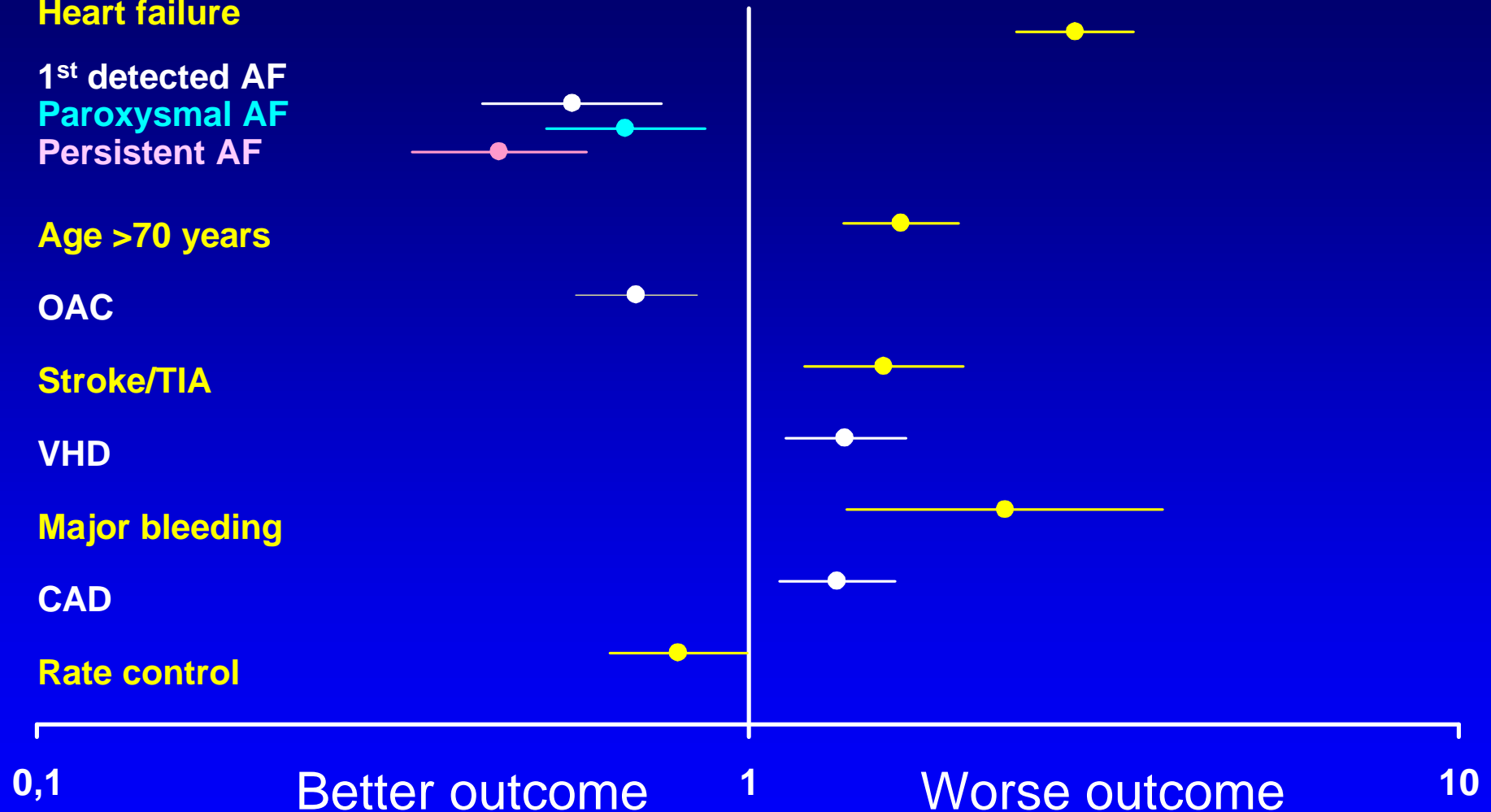
Stroke/TIA

VHD

Major bleeding

CAD

Rate control



Conclusion

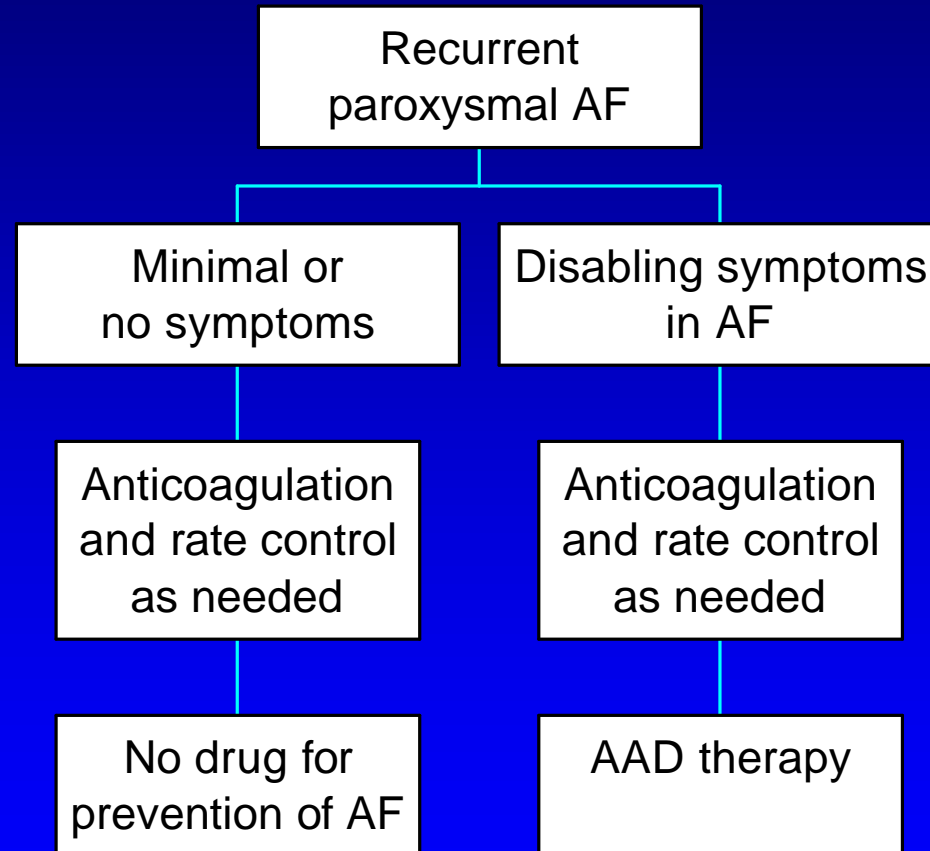
- Atrial fibrillation either paroxysmal or persistent has a higher percentage in hypertensive or lone pts (3/4).
- Pharmacologic CV was applied at the same percentage as the electrical one (less than 50%) even in the persistent phorms.
- Rhythm control strategy was as a trend the most likely choice in both paroxysmal and persistent AF.
- A significant % of first detected AF patients evolved rapidly in to paroxysmal or permanent phorms thus suggesting a medical therapy should have been started.
- Permanent AF patients tend to have a worse prognosis at 1 year follow-up, even when corrected for their worse baseline profile.

Euro Heart Survey on Atrial Fibrillation



Pharmacological management of pts with recurrent paroxysmal AF

(ACC/AHA/ESC Atrial Fibrillation Guidelines; August 2001)



Rhythm control in paroxysmal vs persistent atrial fibrillation patients

(EHS)

182 hospitals – 35 Countries
5333 AF pts (2003-2004)
1794 (34%) had HF at inclusion

Permanent AF pts (%) 43 vs 23

Dyspnea and chest pain 57 vs 30

Rhythm control 49 vs 64

Amiodarone 28 vs 23

Oral anticoagulation 63 vs 54

NYHA ≥ 2 84 (\downarrow EF) vs 81 (=EF)