Drugs - A. Sarkozy

- In the AFFIRM and AF-CHF Studies stroke rates were not different between the rate and rhythm control arms. However, in both studies the efficacy of rhythm control therapy was suboptimal. Dronaderone significantly reduced the risk of stroke in the ATHENA but not in the PALLAS trial. In the ARISOTLE trial patients taking amiodarone had a higher risk of stroke due to less time in therapeutic INR range. Studies of upstream pharmacological therapy with statins, ACE inhibitors, aldosterone antagonist or fish-oil reported disappointing results. In the ARREST-AF trial adequate blood pressure, blood sugar, weight, hypercholesterolemia and sleep apnea control significantly increased the success of catheter ablation. Recent studies indicate that CVR prevention therapies are highly underused. The polypill concept might help through increasing patients' adherence.

- Conclusion: Rhythm control, antiarrhythmic drug and upstream therapy do not decrease the risk of stroke in AF. Aggressive treatment of the modifiable CV risk factors is currently the most important pharmacological therapy to reduce AF burden in patients at risk of or with AF. Further studies will confirm the effect of these therapies on stroke incidence and AF recurrence but it does seem to matter. Polypill concept for prevention of stroke in patients with (and without) AF and with or without CVR risk factors is emerging.