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In High-Risk Older Patients with Atrial Fibrillation, Rhythm Control Reduces Cardiovascular Death and Stroke, But at a Price

PRESENTING QUESTION

Older adults presenting at high cardiovascular risk, is a technique of rate control or rhythm control favored for new onset atrial fibrillation (AF)?

INTERVENTION

2,789 older adults with an onset of AF within the past year were recruited.The patients were randomized to receive rhythm control using medications or ablation, or rate control to manage symptoms. In the rhythm control group, recurrent AF triggered additional attempts to cardiovert the patient.

COMPARATOR

Symptom management with rate control

OUTCOMES

High risk older adults with new onset AF, benefited from the method of implementing rhythm control early with results showing a decrease in cardiovascular deaths (number needed to treat (NNT) = 333 per year) and fewer strokes (NNT=333 per year).

TIMEFRAME

Study Design: Randomized controlled trial (single-blinded)

SYNOPSIS

Previous studies that compared rate control and rhythm control had mixed results. This study consisted of 2,789 older adults with an onset of AF within the past year. Participants had to be older than 75 years, have had a recent transient ischemic attack (TIA) or stroke, or have at least two of the following: older than 65 years, female sex, heart failure or left ventricular hypertrophy, hypertension, diabetes mellitus, chronic kidney disease, or severe coronary disease making this a high-risk population. The mean age of participants was 70 years, 46% were women, 12% had a previous TIA or stroke, 12% had chronic kidney disease, 28% had heart failure, 88% had hypertension, and 44% had valvular heart disease. The patients were randomized to receive rhythm control using medications or ablation, or rate control to manage symptoms. In the rhythm control group after two years, 19.4% had undergone ablation, 21% were taking flecainide, 17.7% were taking amiodarone or dronedarone (Multaq), and 35% were taking no antiarrhythmic drug. In the rate control group after two years, only 7% had undergone ablation and 5.7% were taking an antiarrhythmic drug. Approximately 90% in both groups were taking anticoagulants after two years. The study was stopped early due to the detection of an efficacy signal after a median follow-up of 5.1 years. The promary outcome was a combination of stroke and cardiovascular death and hospitalization for heart failure and hospitalization for acute coronary syndrome.

KEY TAKEAWAY

- Overall, the study showed a decrease in cardiovascular death and strokes, in high-risk older adults with new onset AF.
- The study displayed a decrease in health-related quality of life, increased unfavorable side effects and complications.
- This research study is not advised to be generalized to younger adult patients as well as the low risk population without more research evidence.

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Kirchhof P, Camm AJ, Goette A, et al.; EAST-AFNET4 Trial Investigators. Early rhythm-control therapy in patients with atrial fibrillation. N Engl J Med. 2020;383(14):1305-1316.