Atrial Fibrillation Risk Higher in Male Runners

NEW ORLEANS — Male physicians who were frequent joggers were found to be at increased risk for atrial fibrillation in a new analysis from the Physicians’ Health Study. The association between frequent vigorous exercise and an increased risk of atrial fibrillation was independent of the lower level of other cardiovascular risk factors among male physicians. The study was sponsored by Procotor & Gamble Pharmaceuticals Inc., and the results were presented at the annual scientific sessions of the American Heart Association.

The study enrolled adults if they had recently received an ICD or if they had a preexisting ICD that recently delivered a shock that was triggered by spontaneous VT or ventricular fibrillation (VF). Patients with a newly implanted ICD had to have a documented episode of VT or VF within 42 days preceding the implant. The study was done at 129 centers in nine countries including the United States. The patients were randomized to receive 75 mg azimilide daily, 125 mg daily, or placebo, and were followed for 1 year. There were two primary endpoints: the number of all-cause shocks delivered by the ICD combined with the number of symptomatic tachyarrhythmias terminated by the ICD, and the number of all-cause shocks alone.

During follow-up, the patients had a total of 1,224 symptomatic tachyarrhythmias terminated by the ICDs and an additional 1,565 all-cause shocks (a total of 2,861 arrhythmia episodes). A total of 1,459 were in the 125-mg group, and 414 patients treated with placebo. 665 were in the 220 patients treated with 75-mg azimilide daily, and 737 were in the 199 patients who received 125-mg azimilide daily. Dr. Dorian, M.D., reported at the meeting.

The results were simultaneously published in the online edition of Circulation, http://circ.ahajournals.org/cgi/content/abstract/107/7/1016; 0001-121X(99)00360-6.

Treatment with azimilide reduced the risk of arrhythmias by 57% in the 125-mg group, compared with placebo; both reductions were statistically significant. Both dosages of azimilide also dropped the number of all-cause shocks relative to the placebo group, but the reductions were smaller and not statistically significant.

Both drug dosages helped patients reduce hospital visits and emergency department visits and hospitalizations. The 125-mg dose also produced a significant reduction in the number of emergency department visits and hospitalizations. The 75-mg dosage also produced a significant reduction in the number of emergency department visits and hospitalizations. The 125-mg dose also produced a significant reduction in the number of emergency department visits and hospitalizations. The 75-mg dosage also produced a significant reduction in the number of emergency department visits and hospitalizations.

The incidence of serious adverse events was 34% in the 75 mg group and 46% in the 125 mg group, compared with 4% in the placebo group. Two limitations of the study were its relatively short duration of 1 year and the fact that many patients did not have severe left ventricular dys- function given the average 34% ejection fraction for all patients in the study. Dr. Moss added: “Azimilide is a less-than-ideal agent because it has an adverse event profile that may limit its routine use in high-risk patients with ICD, especially if used for the first time.” Azimilide may be beneficial in selected patients with an ICD who have a high firing rate for VT or VF,” he said.