Antiarrhythmics Reduce Postablation Arrhythmias

BY SHERRY BOSCHERT
San Francisco Bureau

S AN FRANCISCO — Giving antiarrhythmic medications in the 6 weeks after ablation for atrial fibrillation cut the rate of clinically significant arrhythmias and the need for cardioversion or hospitalization.

The Antiarrhythmics After Ablation of Atrial Fibrillation (AA) study findings provide the first evidence to support prescribing antiarrhythmics to reduce arrhythmias occurring after ablation, and were contrary to expectations, Dr. Jean-Francois Roux said at the annual meeting of the Heart Rhythm Society. He said he has no association with companies making the medications studied.

The trial was halted early after data on 110 of a planned 160 patients showed significant benefits from the postprocedure antiarrhythmics. The nonblinded study randomized 53 patients undergoing ablation to start antiarrhythmia therapy the night of the procedure, using propafenone or flecainide for those with structural heart disease, or a separate study compares postablation therapy the night of the procedure, using propafenone or flecainide for those with structural heart disease, or a separate study compares postablation therapy

Dronedarone Reduced Cardiac Risks From Atrial Fibrillation

BY SHERRY BOSCHERT
San Francisco Bureau

S AN FRANCISCO — An investigational agent, dronedarone, reduced by 24% the risk of hospitalization for cardiovascular problems or death from any cause in moderate- to high-risk patients with atrial fibrillation or flutter in the largest study of any antiarrhythmic medication for atrial fibrillation.

A Trial With Dronedarone to Prevent Hospitalization or Death in Patients With Atrial Fibrillation (ATHENA trial) randomized 4,628 patients at 551 sites in 37 countries to treatment with dronedarone 400 mg b.i.d. or placebo, with a follow-up of at least 1 year. The overall rate of treatment-related adverse events did not differ between groups, and 30% in each group discontinued treatment prematurely, Dr. Stefan H. Hohnloser reported at the annual meeting of the Heart Rhythm Society.

The results have raised hopes that physicians may soon have a safer alternative to amiodarone for treating atrial fibrillation.

The study was funded by Sanofi Aventis, which makes dronedarone.

The drug also showed significant benefits compared with placebo in several predefined secondary outcomes, including a 29% reduction in deaths from cardiovascular causes. Patients, primarily due to a significant 35% decrease in the risk of cardiac arrhythmic deaths, said Dr. Hohnloser, lead investigator in the study and professor of medicine at J.W. Goethe University, Frankfurt, Germany. He has no association with Sanofi Aventis other than receiving research funding.

There was no significant difference between groups in cardiac nonarrhythmic deaths.

Cardiovascular-related hospitalizations were reduced 29% in the dronedarone group compared with placebo, mainly because of a 35% decrease in admissions to treat atrial fibrillation and a 30% reduction in admissions to treat acute coronary syndromes.

The study enrolled patients with paroxysmal or persistent atrial fibrillation who were at least 55 years of age or were at least 70 years of age with one or more additional risk factors, such as drug treatment for hypertension, diabetes, prior stroke or transient ischemic attack, history of atrial fibrillation, or depression.

The cohort represents "the typical elderly atrial fibrillation population at risk for hospitalization," Dr. Hohnloser noted. The mean age was 72 years, and 47% were female. At randomization, 25% were in atrial fibrillation, 60% had structural heart disease, 60% had coronary artery disease, 16% had valvular heart disease, and 6% had no ischemic cardiomyopathy. A history of New York Heart Association (NYHA) functional class II or III was found in 21%, and 12% had ejection fractions below 45% only. 6% were so-called lone atrial fibrillators.

The study excluded patients with recently decompen-sated heart failure or NYHA class IV heart failure, among other previous studies of atri-aarhythmic agents. A separate comparison with amiodarone is ongoing—the Efficacy and Safety of Dronedarone Versus Amiodarone for Maintenance of Sinus Rhythm in Patients With Atrial Fibrillation (DIONYSOS) trial.

Patients With Systemic Sclerosis Should Undergo Screen for PAH

BY SHARON WORCESTER
Southwest Bureau

The incidence of pulmonary arterial hypertension in patients with systemic sclerosis is 0.61 per 100 patient-years, according to data on 184 patients in a longitudinal study presented at the annual meeting of the European League Against Rheumatism in Paris.

The preva- lence of pulmonary arterial hypertension (PAH) in a cohort of patients from the In- terAir-HTAP registry, which is a symptomatic after study of pa-tients with systemic sclerosis, was found to be 7.85% (confidence interval range, 5.70-10.00), prompting this study to determine the incidence of PAH over 3 years of follow-up, explained Dr. Eric Huchulla of Hôpital Claude Huriez, Lille, France.

The patients underwent Doppler echocardiography for PAH. PAH was suspected in those with peak velocity of tricuspid regurgitation (VTR) of 2.8-3 m/sec and unexplained dyspnea, or with VTR greater than 3 m/sec, according to Dr. Hachulla.

Right heart catheterization (RHC) was used to confirm the presence of pul-mmonary hypertension.

The patients, 87% of whom were women, had an average age of 53 years and were followed for a mean of 41 months. Pulmonary hypertension was found in 18 patients (incidence of 1.37 per 100 pa-tient-years).

Of those 18 pa-tients, 8 were found to have pre-capillary pulmonary hyper- tension identified by RHC, and 8 had post-capillary hypertension detected, despite the absence of left heart dysfunction on echocardiography (incidence of 0.61 per 100 patient-years for both groups).

The remaining two patients had pulmo-nary hypertension resulting from severe interstitial lung disease, Dr. Hachul-la noted.

The findings show that post-capillary pulmonary hypertension is common in systemic sclerosis, which indicates that RHC is necessary to confirm pre-capillary PAH, he concluded.