

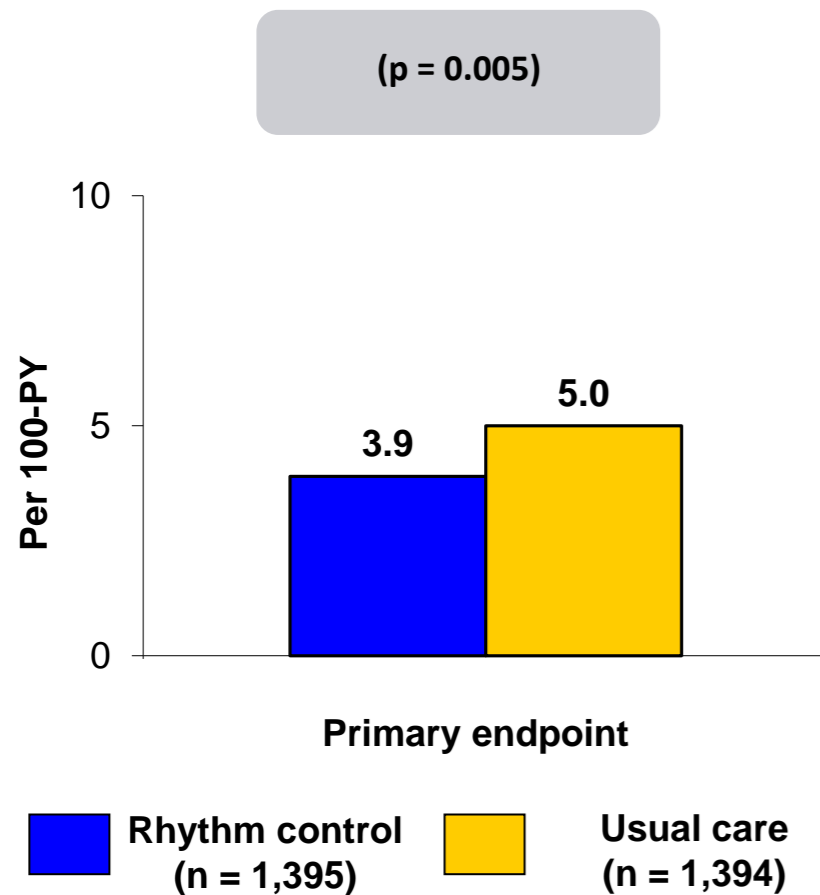
EAST-AFNET 4

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Trial Description: Patients with AF diagnosis within 1 year were randomized in a 1:1 fashion to either rhythm control or usual care. Early rhythm control required antiarrhythmic drugs/ablation/cardioversion. Usual care was initially treated with rate control therapy without rhythm control. Patients were followed for 5.1 years.



RESULTS

- Primary outcome, CV death, stroke, hospitalization for HF or ACS, rhythm control vs. usual care: 3.9 vs. 5.0/100 P-Y; HR 0.79, 95% CI 0.66-0.94 (p = 0.005)
- CV death: 1 vs. 1.3/100-PY; HR 0.72, 95% CI 0.52-0.98; stroke: 0.6 vs. 0.9/100-PY; HR 0.65; 95% CI 0.44-0.98; HF hospitalization: 2.1 vs. 2.6/100 P-Y
- Sinus rhythm: 82.1% vs. 60.5% (p < 0.05)

CONCLUSIONS

- A rhythm control strategy is superior to usual care (rate control in the majority of cases) in improving CV outcomes at 5 years among patients with recent diagnosis of AF and concomitant CV conditions; significant reductions were noted for the primary composite endpoint, as well as for CV death and stroke
- Results of this trial are different from other similar trials such as CABANA-AF, AFFIRM, and RACE; differences will need to be further assessed