

EAST-AFNET 4 TRIAL



Early Rhythm-Control Therapy in Patients with Atrial Fibrillation

AMERICAN
COLLEGE of
CARDIOLOGY

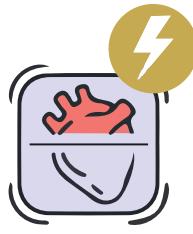
Parallel-group, open, blinded-outcome-assessment trial



Objective: To assess if early rhythm-control therapy can reduce cardiovascular risk in patients who had recent atrial fibrillation (diagnosed ≤ 1 year before enrollment)

2789
patients

Inclusion criteria: Recent AF (AF diagnosed within 1 year) and >75 years of age, had a previous TIA or stroke, OR met two of the following criteria: age >65 years, female sex, HF, hypertension, DM, severe CAD, CKD, LVH (diastolic septal wall width >15 mm)



Early rhythm control
(N=1395)

VS



Usual care
(N=1394)

PRIMARY OUTCOME

3.9

CV death, stroke, or hospitalization with heart failure or ACS
HR 0.79; 96% CI 0.66 to 0.94; P=0.005

5.8

Nights spent in hospital/yr
HR 1.08; 99% CI, 0.92 to 1.28; P=0.23

5.0

5.1

SECONDARY OUTCOME

4.9

Serious adverse events related to rhythm-control therapy %
HR 1.73; 95% CI, 1.10 to 2.37; P<0.001

1.4

Conclusion: Early rhythm-control therapy was associated with a lower risk of cardiovascular outcomes than usual care among patients with early atrial fibrillation and cardiovascular conditions.