

Early rhythm control key in A-fib and heart failure

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(HealthDay)—For patients with atrial fibrillation and signs and symptoms of heart failure, early rhythm control (ERC) therapy reduces cardiovascular events, according to a study published online July 30 in

Circulation to coincide with the annual meeting of the Heart Rhythm Society, held from July 28 to 31 in Boston.

Andreas Rillig, M.D., from University Medical Center Hamburg-Eppendorf in Germany, and colleagues conducted a prespecified subanalysis of the randomized EAST-AFNET 4 trial, which compared the effect of systematic, ERC therapy with usual care for [atrial fibrillation](#) in adults with heart failure. The analysis included 798 patients.

The researchers found that over a median follow-up of 5.1 years, the composite primary outcomes of cardiovascular death, stroke, or hospitalization for worsening of heart failure or for [acute coronary syndrome](#) occurred in 5.7 patients per 100 patient-years in the ERC group compared with 7.9 per 100 patient-years in the usual care group (hazard ratio, 0.74; 95 percent confidence interval, 0.56 to 0.97; $P = 0.03$); there was no alteration by heart failure status. The primary safety outcome of death, stroke, or serious adverse events related to rhythm control therapy occurred in 17.9 and 21.6 percent of patients randomly assigned to ERC and usual care, respectively (hazard ratio, 0.85; 95 percent confidence interval, 0.62 to 1.17; $P = 0.33$). Improvement in left ventricular ejection fraction was seen in both groups. The composite outcome of death or hospitalization for worsening of heart failure was improved by ERC.

"Clinical benefit is observed across the spectrum of [heart failure](#) subtypes, suggesting that restoring and maintaining sinus rhythm via rhythm control therapy conveys the [clinical benefit](#)," the authors write.

Several authors disclosed financial ties to the biopharmaceutical and medical device industries.

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