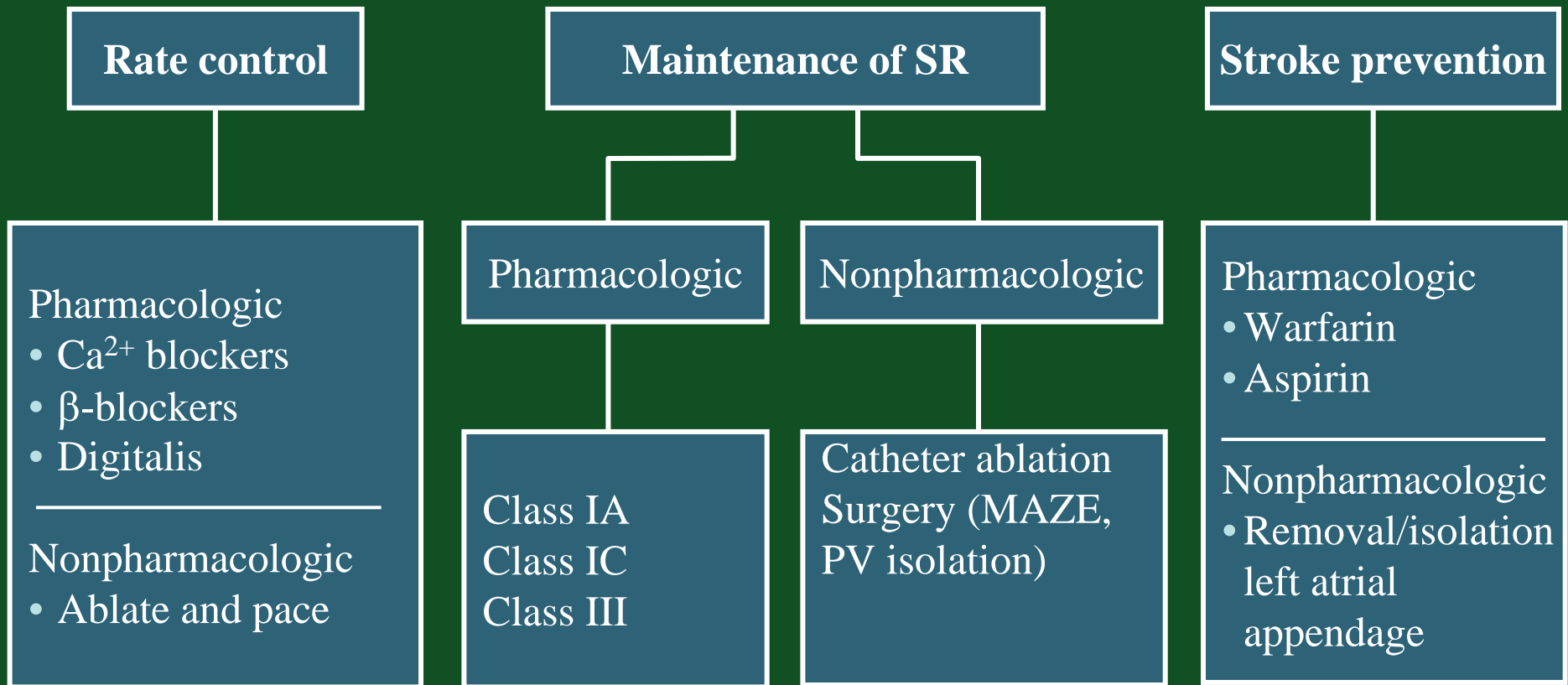


# Treatment Options



Modified from Prystowsky. *Am J Cardiol.* 2000;85:3D-11D.

# **Prime Directive in Management of Atrial Fibrillation**

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**PRESERVE  
THE BRAIN**

# CHADS<sub>2</sub> Risk Stratification Scheme

Risk Factors	Score
C Recent CHF	1
H Hypertension	1
A Age $\geq 75$ years	1
D Diabetes mellitus	1
S <sub>2</sub> History of stroke or transient ischemic attack (TIA)	2

# Antithrombotic Therapy for Patients with AF

## Antithrombotic Therapy for Patients With Atrial Fibrillation

Risk Category	Recommended Therapy
No risk factors	Aspirin, 81 to 325 mg daily
One moderate-risk factor	Aspirin, 81 to 325 mg daily, or warfarin (INR 2.0 to 3.0, target 2.5)
Any high-risk factor or more than 1 moderate-risk factor	Warfarin (INR 2.0 to 3.0, target 2.5)*

### Less Validated or Weaker

Risk Factors	Moderate-Risk Factors	High-Risk Factors
Female gender	Age greater than or equal to 75 y	Previous stroke, TIA or embolism
Age 65 to 74 y	Hypertension	Mitral stenosis
Coronary artery disease	Heart failure	Prosthetic heart valve*
Thyrotoxicosis	LV ejection fraction 35% or less	
	Diabetes mellitus	

\*If mechanical valve, target international normalized ratio (INR) greater than 2.5.

INR indicates international normalized ratio; LV, left ventricular; and TIA, transient ischemic attack.

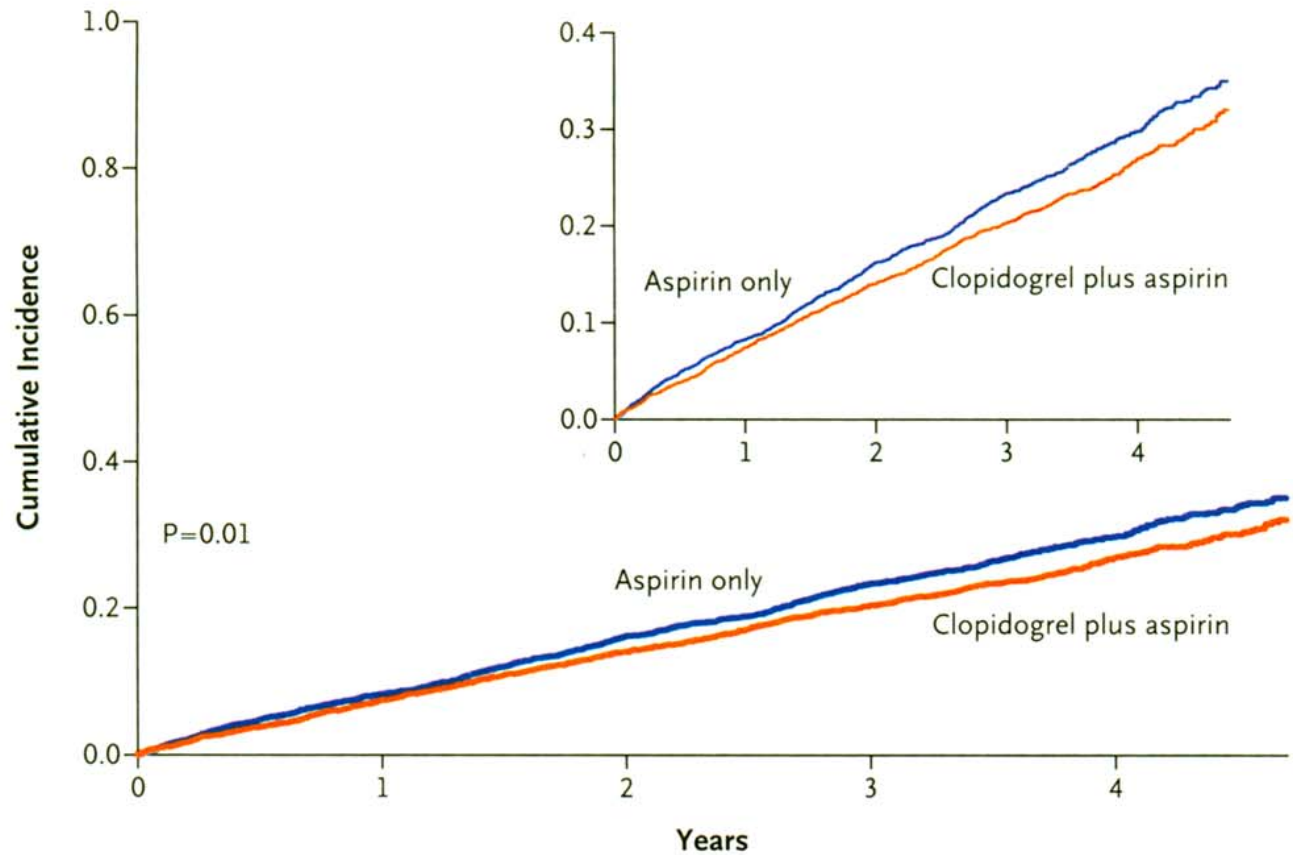
From: ACC/AHA/ESC 2006 Atrial Fibrillation Management Guidelines

## ACTIVE A Trial: ASA vs ASA/Clopidogrel in AF patients not “suitable” for warfarin

- 7554 patients randomized to either Rx
- AF history plus at least one risk factor for stroke:  $\geq 75$ y/o; HBP; LVEF  $<0.45$ ; PVD; prev stroke/TIA/systemic embolism; age 55-74 and DM or CAD
- Primary outcome: any major vascular event (stroke; systemic embolism; MI; death from vascular cause)

# ACTIVE A: ASA vs. ASA/Clopidogrel in A. Fib Patients Not "Suitable" for Warfarin

**A Primary Outcome**



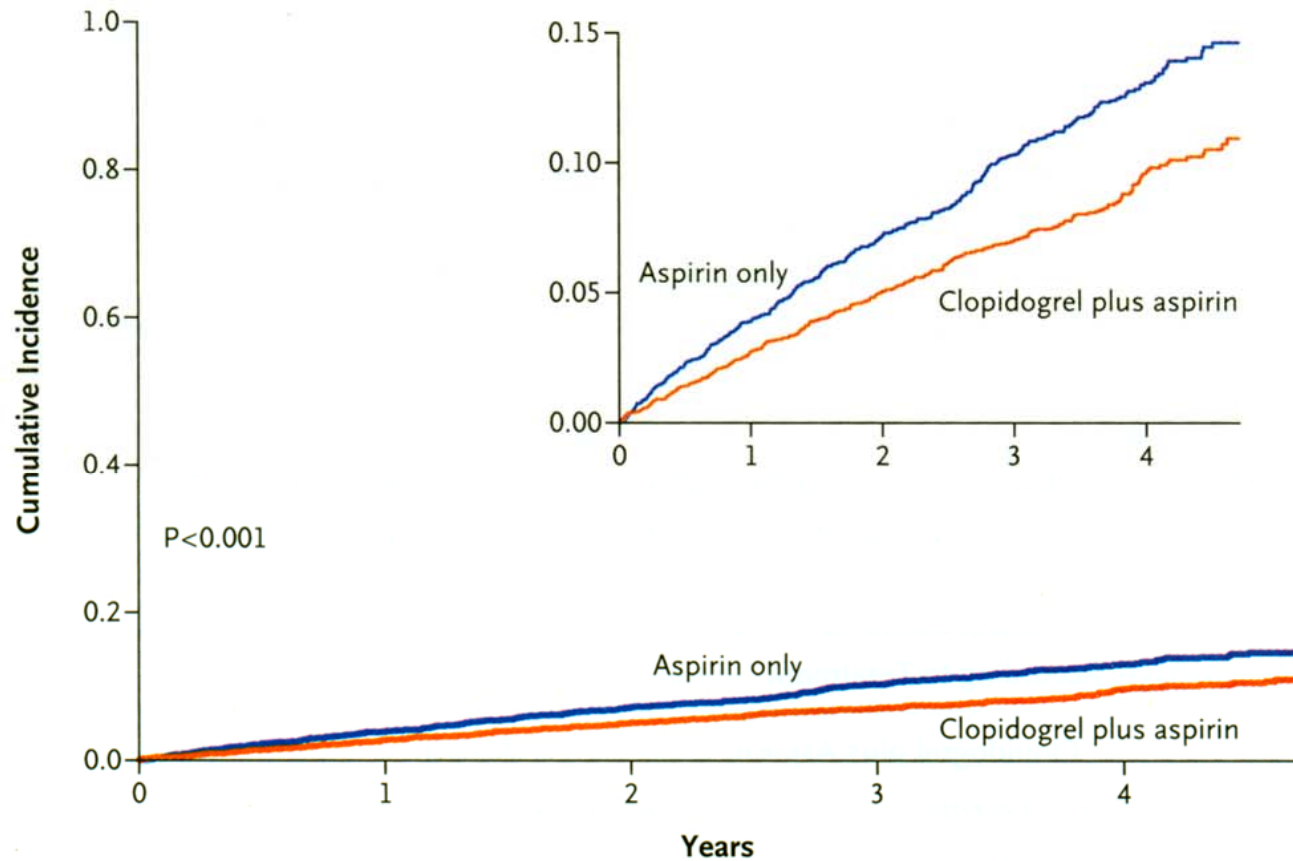
**No. at Risk**

Clopidogrel plus aspirin	3772	3456	3180	2522	1179
Aspirin only	3782	3426	3103	2460	1156

From: The ACTIVE investigators, NEJM 2009; 360: 2066

# ACTIVE A: ASA vs. ASA/Clopidogrel in A. Fib Patients Not "Suitable" for Warfarin

## B Stroke



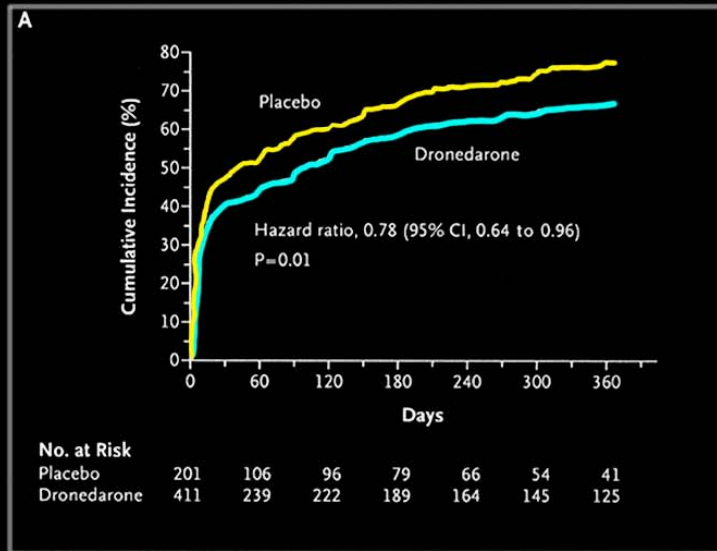
### No. at Risk

Clopidogrel plus aspirin	3772	3491	3229	2570	1203
Aspirin only	3782	3458	3155	2517	1186

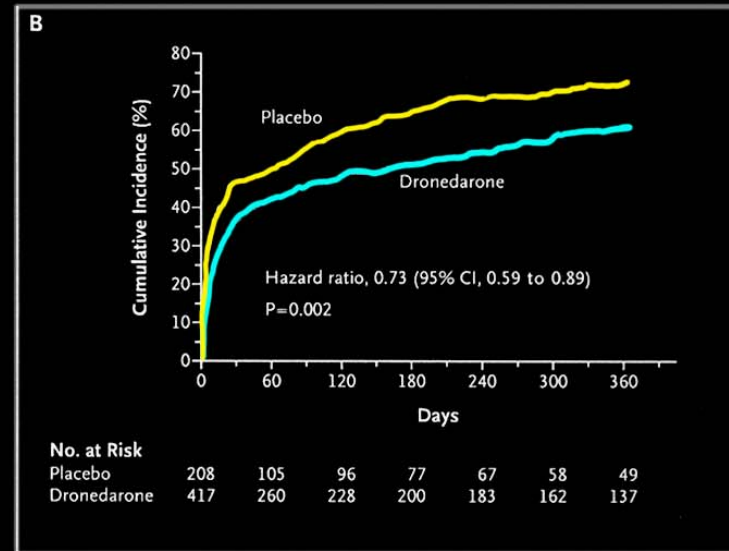
From: The ACTIVE investigators, NEJM 2009; 360: 2066

# RCTs of Dronedarone in the Treatment of Patients with A Fib

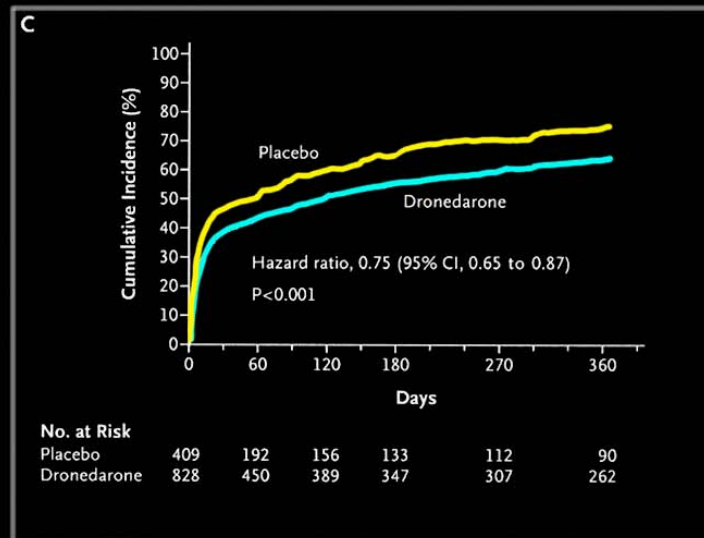
## EURIDIS



## ADONIS



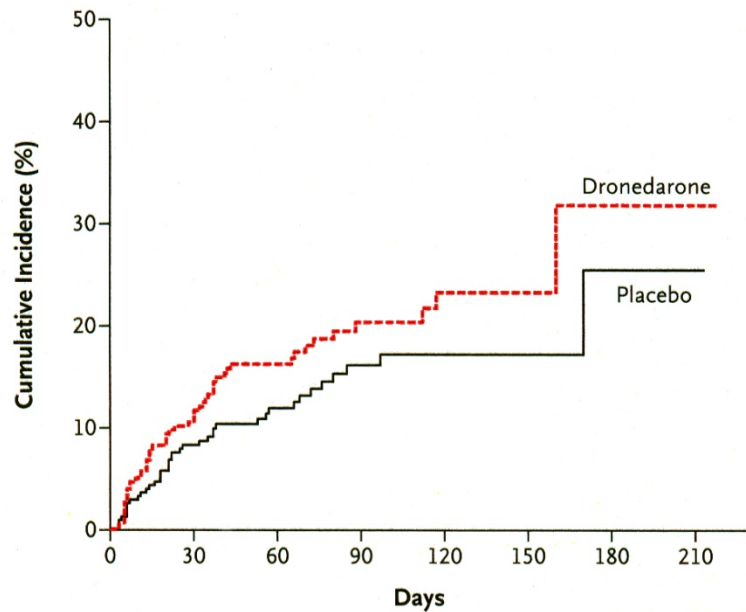
## Combined Data



From: Singh BN et al. NEJM 2007; 357:  
987-996

# ANDROMEDA: RCT of Dronedone in Patients with Severe Heart Failure

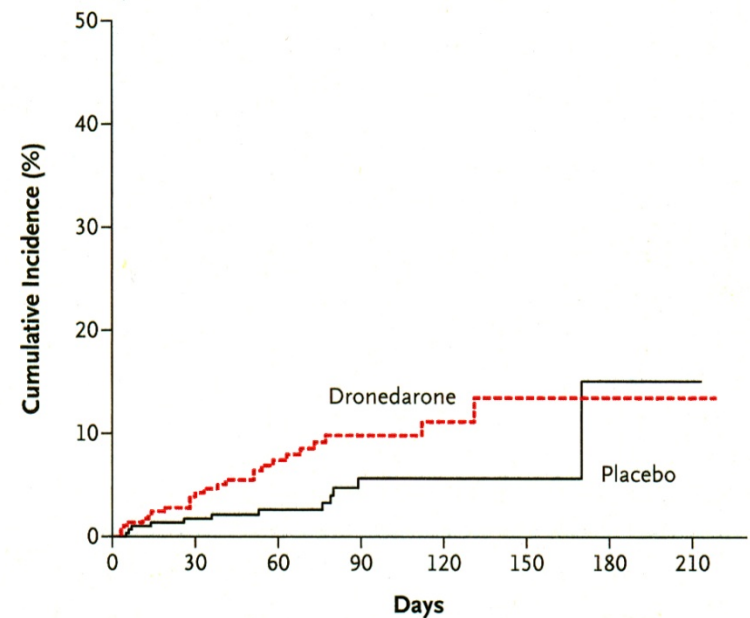
**A All-Cause Mortality or Hospitalization for Worsening Heart Failure**



**No. at Risk**

Placebo	317	234	159	87	41	16	6	1
Dronedarone	310	232	151	87	49	19	4	1

**B All-Cause Mortality**



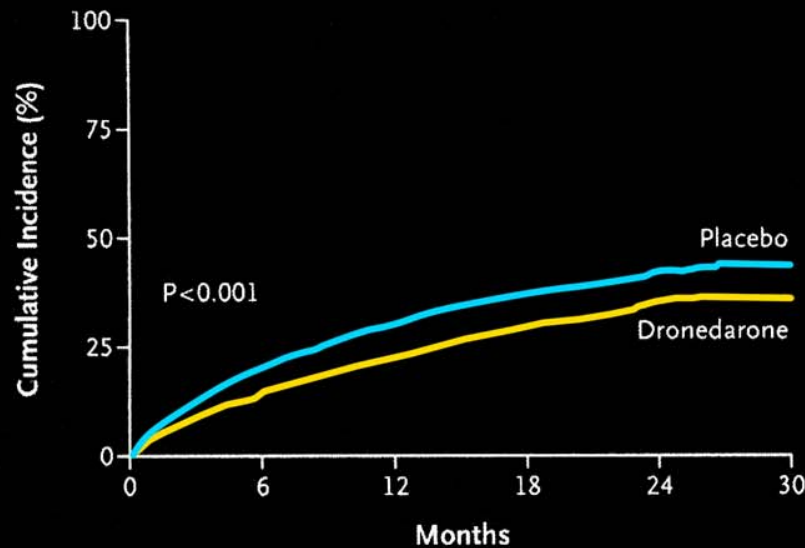
**No. at Risk**

Placebo	317	256	181	103	50	18	6	1
Dronedarone	310	257	174	104	59	22	5	1

From: Kober L et al. N Engl J Med 2008; 358: 2678-2687

# Primary Outcome of Hospitalization due to Cardiovascular Events or All-Cause Mortality (ATHENA)

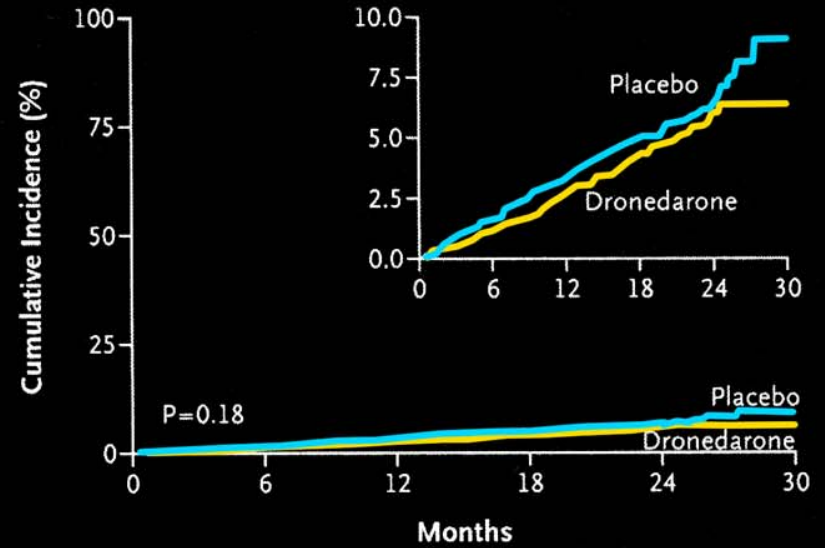
**A Primary Outcome**



**No. at Risk**

Placebo	2327	1858	1625	1072	385	3
Dronedarone	2301	1963	1776	1177	403	2

**B Death from Any Cause**



**No. at Risk**

Placebo	2327	2290	2250	1629	636	7
Dronedarone	2301	2274	2240	1593	615	4

From: Hohnloser SH et al. *NEJM* 2009; 360: 668-78

# Dronedarone (Multaq)

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## Indications and Usage:

An antiarrhythmic drug indicated to reduce the risk of cardiovascular hospitalization in patients with paroxysmal or persistent AF or Afl, with a recent episode of AF/AFl and associated cardiovascular risk factors (i.e., age > 70, hypertension, diabetes, prior CVA, LA  $\geq$  50mm or LVEF < 40%) who are in sinus rhythm or who will be cardioverted.

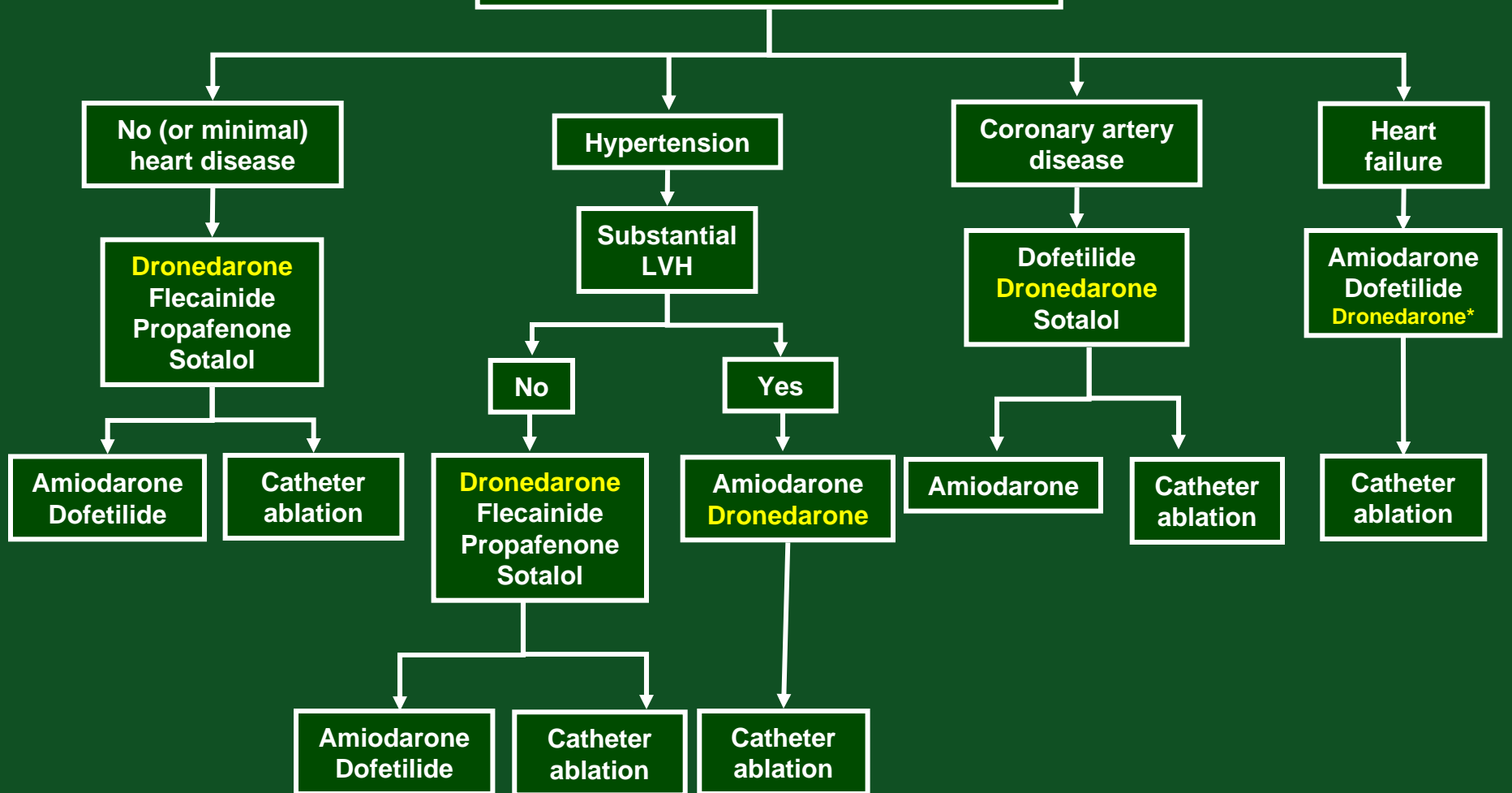
# Dronedarone (Multaq)

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## Warning: Heart Failure

Multaq is contraindicated in patients with NYHA Class IV heart failure or NYHA Class II-III heart failure with a recent decompensation requiring hospitalization or referral to a specialized heart failure clinic.

# Maintenance of Sinus Rhythm

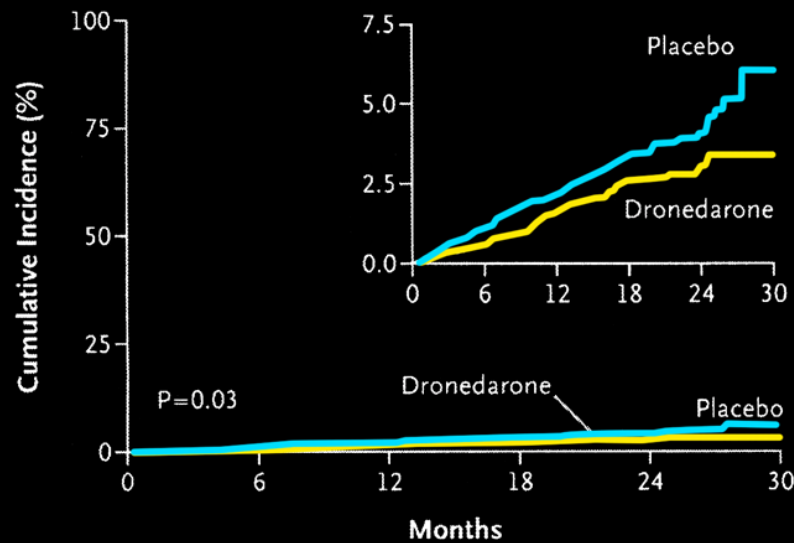


# AFib Center of Excellence

- Patients will be evaluated by one of the TCG Electrophysiologists
- Recommendations on management will be given
- Follow-up care will be coordinated with the referring physician

# Secondary Outcomes in ATHENA

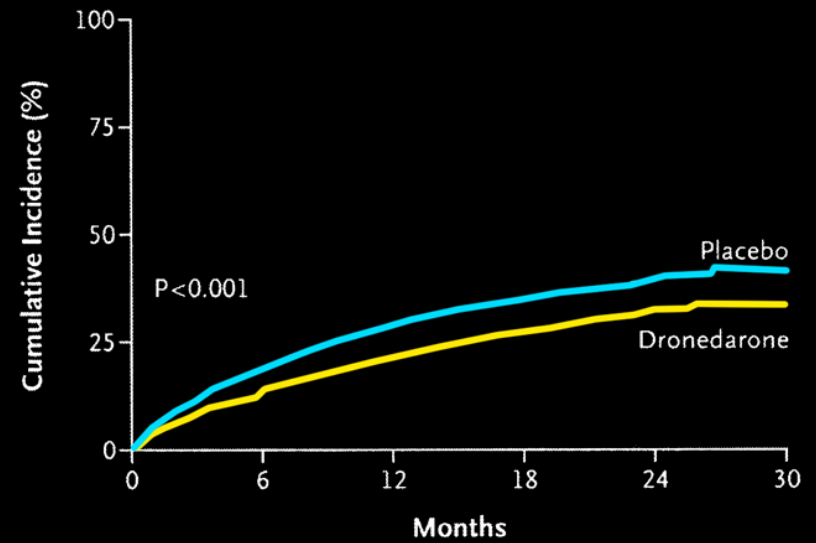
**C** Death from Cardiovascular Causes



**No. at Risk**

Placebo	2327	2290	2250	1629	636	7
Dronedarone	2301	2274	2240	1593	615	4

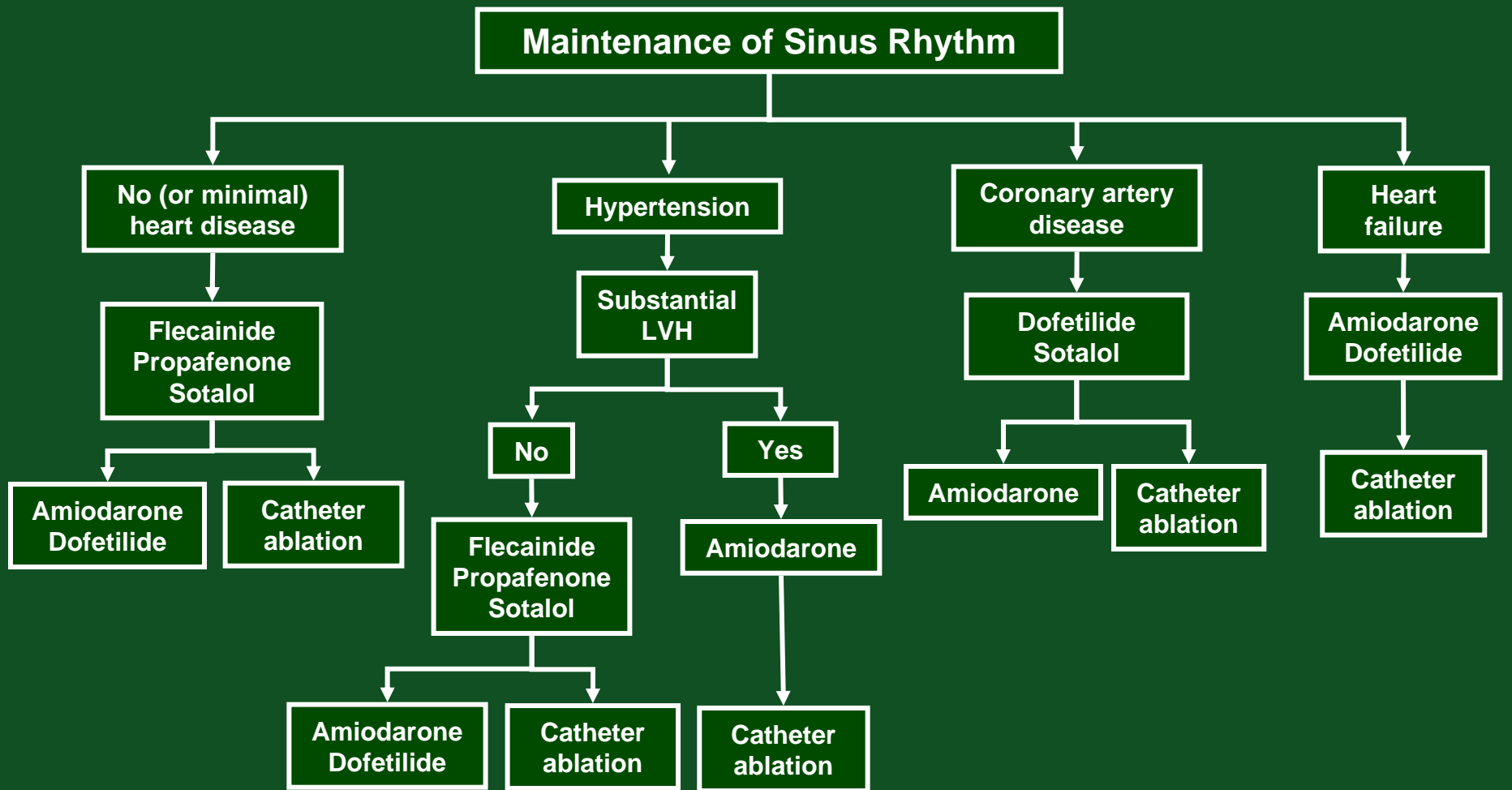
**D** First Hospitalization Due to Cardiovascular Events



**No. at Risk**

Placebo	2327	1858	1625	1072	385	3
Dronedarone	2301	1963	1776	1177	403	2

From: Hohnloser SH et al. NEJM 2009; 360: 668-78



**From: ACC/AHA/ESC 2006 Atrial Fibrillation Management Guidelines**