

Dronedarone for AF: Who, How and When

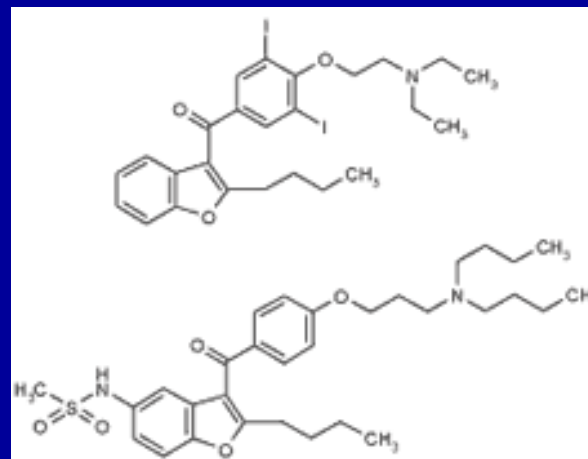
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Why?

- Current AA issues
 - Propafenone - ?↑Death After MI
 - Flecainide- ↑ Death After MI
 - Sotalol- Risk of Torsade
 - Tikosyn- Risk of Torsade
 - Amiodarone- No ↑, But End Organ Toxicity

Dronedarone (Multaq)

- Electropharmacologic Profile
 - Resembles Amiodarone
- Structural Differences
 - ? Eliminate Pulm and Thyroid SE
 - Shortened 1/2 Life



Clinical Trials

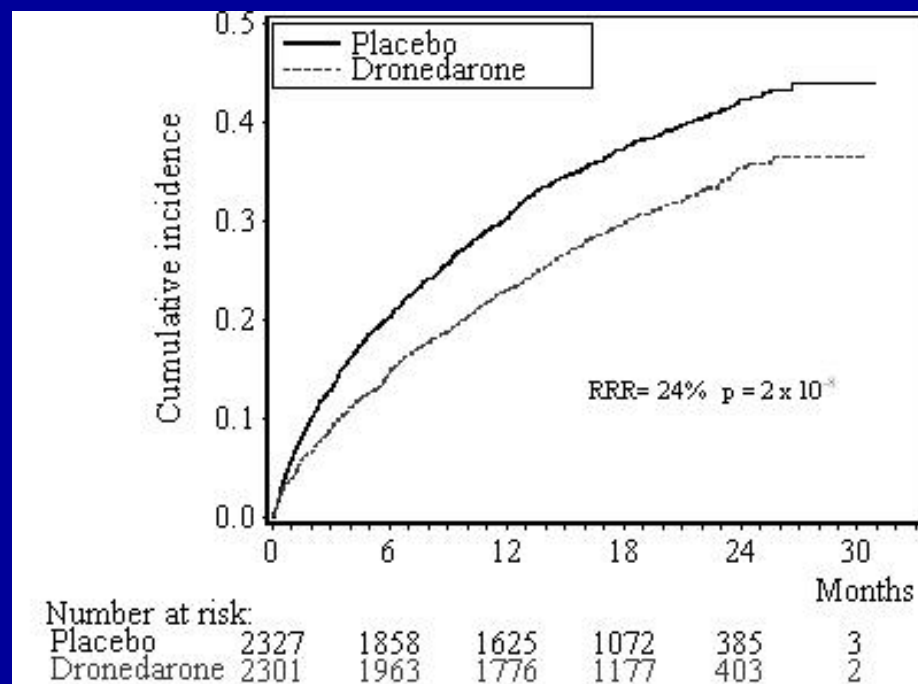
- EURIDIS / ADONIS
 - Efficacy in PAF
 - 1st Recurrence ~2.5x longer w/ Dronedarone vs Placebo
- ERATO
 - Rate Control
- ANDROMEDA CHF, negative trial
- ATHENA
 - CV outcomes
- DIONYSOS
 - Amio vs Dronedarone

ATHENA

- 4628 pts
 - Dronedarone 400 BID x 12 months
- One CRF
 - Age > 70, HTN, DM, CVA, LAE, EF<40%
- Primary End Point
 - All cause mortality or CV hospitalization

ATHENA Outcome

- 24% ↓ CV Hosp or Death
- 30% ↓ CV Death
- 45% ↓ Arrhythmic Death
 - Subgroup analysis
- Adverse Events
 - GI, Skin, ↑Creat
 - Rate of D/C similar to placebo
 - ↓↓↓ Proarrhythmia



DIONYSOS

- 504 pts
 - Amio vs Dronedarone
- Efficacy
 - Amio 12%↓ in AF recurrence
- Safety
 - Dronedarone 20%↓ in Safety Endpt
 - Less brady, QT lengthening, thyroid, neuro and D/C rate
 - More GI S/E

Summary of Trials

- Safe in pts without recent CHF exacerbation
 - No known organ toxicity
 - Rare Proarrhythmia
 - GI symptoms main S/E
 - ↑ Creat unlikely to be clinically relevant
- Moderate Efficacy
 - Dronedarone < Amio
 - Equal to other AA

When?

- Before Amio
- CAD
 - ? 1st line
- LV dysfunction (EF < 40%)
 - 1st line if NYHA II or less with Tikosyn
- Hypertrophy
 - 1st line
- Rate Control
 - When BP borderline and rate control inadequate

Who?

- AF or Afl
- Avoid
 - Recent Class III/IV CHF
 - ? Renal Insufficiency
 - No Change in GFR
 - Women of Childbearing Years
 - Severe Hepatic Impairment
 - ?QT > 500
- Caution with bradycardia

How?

- Same for everyone
 - 400mg BID
- Hospital Admission NOT Required
- Monitoring
 - Baseline ECG and 1 week, periodic
 - Baseline Chem 7 and 1 week, periodic