

Atrial Fibrillation : Current Concept

3, Pharmacological Management of Atrial Fibrillation: Where dowe stand, Rate versus Rhythm Control

Kazuo Matsumoto, MD

Professor of Medicine , Department of Cardiology, Saitama Medical School

Abstract:

Atrial fibrillation is the most common and most challenging cardiac arrhythmia seen in clinical practice especially in an aging society. Effective management of AF is critically important because AF is known to significantly increase the risk of stroke, cardiovascular death, and overall mortality. AF is responsible for nearly 30% of all acute strokes and severely affects quality of life. In pharmacological management of AF, the issue of Rate versus Rhythm Control has been focused on in prospective multicenter studies (i.e. PIAF, AFFIRM, RACE, STAF), according to those studies there were no differences between those two therapies in terms of improvements of QOL and mortality in patients of persistent AF. However, when we interpret those studies we must be very careful in several points. As the ratio of maintenance of sinus rhythm in rhythm control group in each study were rather low as less than 70% in PIAF and AFFIRM, less than 50% in RACE and STAF, the two therapies might become the same things (i.e. rate control). The cause of death were thromboembolism of cerebral vessels in rhythm control, and pulmonary events with amiodaron, those showed the importance of anticoagulation and side effects of antiarrhythmics beside controlling rhythm or rate. QOL of patients with AF itself were not low before treatments, it was very hard to improve and make differences after treatments in such condition. It might be a problem that efficacy of pharmacological therapy is not enough to keep sinus rhythm now. Although at present there is only limited advantage in rhythm control by medicines in comparison with rate control, possibilities of pharmacological therapy of rhythm control with new antiarrhythmics and upstream pharmacological therapies using ACEI, ARB or Statins still remain in the patients from paroxysmal to chronic AF.