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A meta-analysis of rhythm versus rate control for atrial fibrillation in chronic heart failure

Authors:
AD Copaeru¹, O Cristea¹, VH Cristian¹, RF Pop¹, ¹"Iuliu Hatieganu" University of Medicine and Pharmacy - Cluj-Napoca - Romania,

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INTRODUCTION
Atrial fibrillation is a pathology with growing incidence and mortality; it is also beginning to be viewed and treated differently when in the context of chronic heart failure. There is still debate about whether rate or rhythm control is the preferred therapy, given their different benefits, adverse effects and possible impact on the underlying chronic heart failure. The purpose of this meta-analysis is to evaluate the effectiveness of rhythm control when compared to rate control in patients with both atrial fibrillation and chronic heart failure.

MATERIALS & METHODS
A PubMed and Cochrane Library search was conducted for randomized controlled trials (RCTs) and their sub-studies up until December 2018. Outcomes were all-cause mortality, cardiovascular mortality, stroke-related mortality and number of hospitalizations. Five studies and sub-studies were selected totaling 2640 patients.

RESULTS
The studies had a wide range of inclusion criteria for both chronic heart failure (varying degrees of severity) and atrial fibrillation (from paroxysmal to sustained). There was no statistical difference for all-cause mortality (p=0.25), cardiovascular mortality (p=0.28) or stroke-related mortality (p=0.94). However, patients in the rhythm control group suffered more hospitalizations (RR: 1.08, 95% CI: 1.01 to 1.16, p=0.01).

CONCLUSIONS
Rhythm control seems to offer no improved outcomes compared to rate control in patients with both atrial fibrillation and chronic heart failure. However, there was heterogeneity among the selected studies, which may be a confounding factor. More specific studies are needed for the treatment of atrial fibrillation in the context of chronic heart failure.