

**A Randomized Multicenter Comparison of  
Radiofrequency Ablation and  
Antiarrhythmic Drug Therapy as First Line  
Treatment in 294 Patients with  
Paroxysmal Atrial Fibrillation**

*Commentary*

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**Disclosures: patent for needle RF ablation consigned  
to Brigham and Women's Hospital**

# Paroxysmal Atrial Fibrillation

- All patients warrant consideration of therapy for stroke prevention and rate control
- Strategies to maintain sinus rhythm have not been shown to improve mortality or reduce stroke
- Further therapy is guided by symptoms
- Ablation?

# Catheter Ablation for Paroxysmal Atrial Fibrillation

**Benefit**

**Risks**

- **Better efficacy than drug therapy (70 – 80%)**
- **Freedom from drug toxicities**

- **Complications: Mortality 1 /1000**  
Non-fatal 1 / 100: Tamponade, stroke, PV stenosis
- **Treatment is a 3 – 6 month process:**
  - early recurrences are common
  - more than one procedure may be required
- **Experienced center is required**
- **Effect on mortality and stroke risk is not established**

Cappato, et al *J Am Coll Cardiol* 2009; 53:1798

Calkins, H. et al. *Circ Arrhythmia Electrophysiol* 2009;2:349-361

Piccini et al. *Circ Arrhythm Electrophysiol* 2009;2:626-33

## **Catheter Ablation of AF for maintaining sinus rhythm: New recommendations**

### **Class I**

“Catheter ablation performed in experienced centers\* is useful in maintaining sinus rhythm in selected patients with significantly symptomatic, paroxysmal AF who have failed treatment with an antiarrhythmic drug and have normal or mildly dilated left atria, normal or mildly reduced LV function, and no severe pulmonary disease.  
*(Level of Evidence: A)*

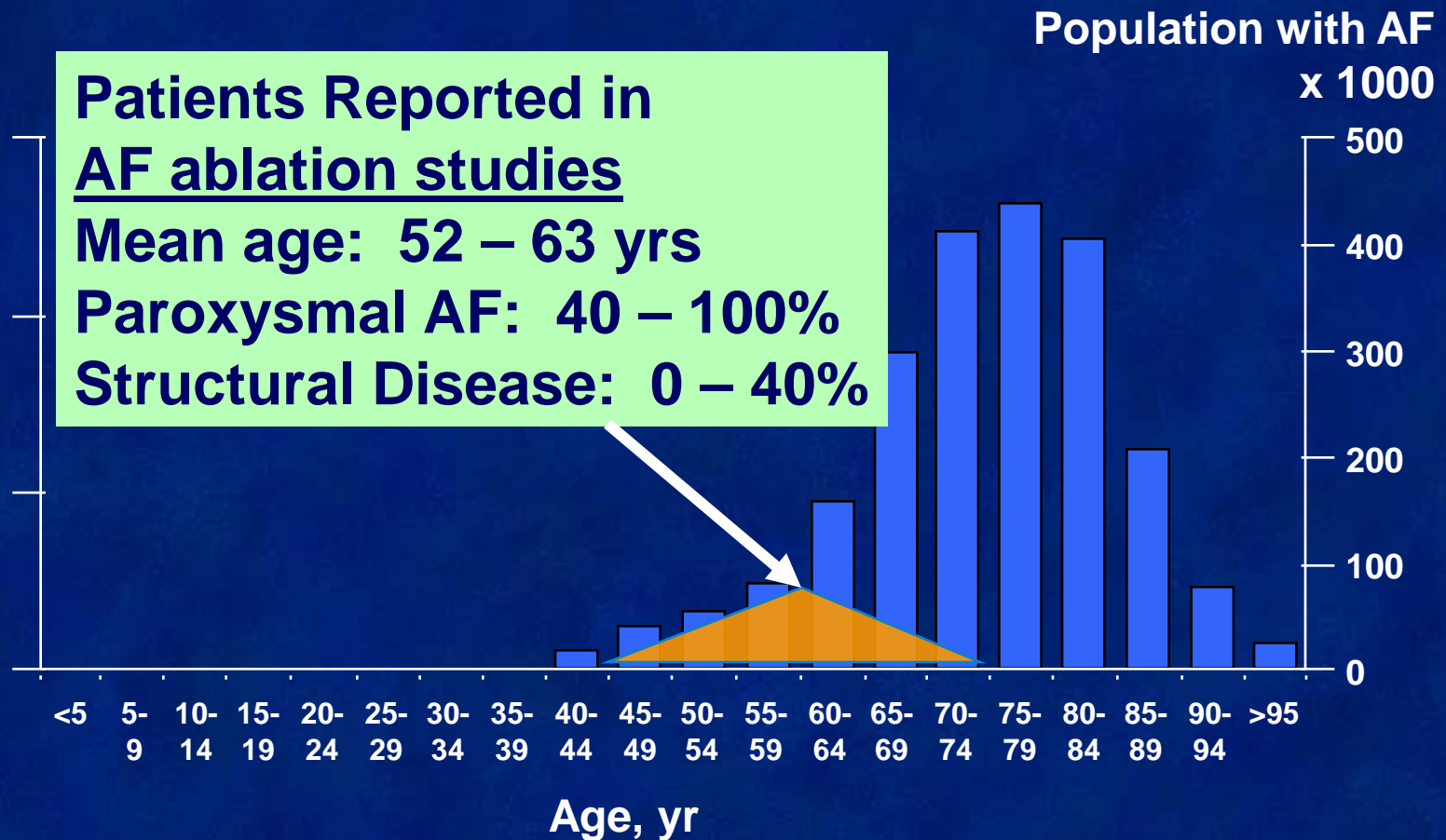
# **Guidelines for the Management of Atrial Fibrillation**

**European Heart Journal 2010: 31, 2369–2429**

“... considering the potential of AF catheter ablation to achieve rhythm control in symptomatic patients with paroxysmal AF and minimal or no heart disease, and the relative safety of the technique when performed by experienced operators, ablation may be considered as an initial therapy in selected patients.”



# Atrial Fibrillation Demographics by Age



Adapted from Feinberg WM. Arch Intern Med. 1995;155:469-473.