



Barbara Rinehart

# CONFERENCE REPORT

## CARDIO: ARRHYTHMIA

My responsibilities were:

- 🌿 Reviewed conference transcript
- 🌿 Selected appropriate content
- 🌿 Wrote synopsis of symposium
- 🌿 Prepared tables, figures, call outs

### Atrial Fibrillation: Epidemiology and Mechanisms Jeffrey L. Anderson, MD

Dr. Anderson discussed the prevalence of AFib, noting that it is the most common sustained tachyarrhythmia, can be highly symptomatic, and is often poorly responsive to standard therapies.

Dr. Anderson described the 3 forms of AFib—paroxysmal, persistent, and permanent (Figure 1). The transient or paroxysmal form of AFib rises exponentially with age, particularly after age 50. AFib tends to be progressive, beginning with a self-remitting stage, moving to a persistent stage, which requires cardioversion, and then reaching a permanent stage in which normal sinus rhythm cannot be restored. "We choose to intervene when paroxysmal AFib presents because atrial fibrillation

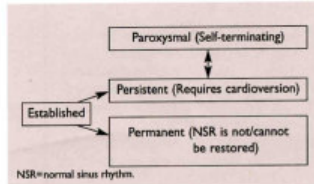


Figure 1. Forms of AFib.

detected in AFib include "elevation of the refractory period." He also stated, "...the refractory period, resulting in fa

Dr. Anderson explained that AFib is due to increased or irregular/abnormal electrical activity resulting from an increase in pulmonary capillary pressure resulting from a decrease in cardiac output. This can be seen in about three quarters of patients with the rhythm disorder. Other symptoms include discomfort, sweating, anxiety, nausea, and dizziness. All of these symptoms can double mortality. He stated that the reduction of symptoms and (2) reduction of mortality and preservation of sinus rhythm. He made the additional point that patients normally are aware of their symptoms, but they are submerged below the surface."

### Therapeutic Options for and Maintenance of Normal Sinus Rhythm James A. Reiffel, MD

Dr. Reiffel focused on one of the most important rhythm control. He stated, "Control of AFib requires an antiarrhythmic drug that is effective, significantly, but we have not found one that reduces mortality... therefore, we must use a combination of drugs. Rate control involves use of beta-blockers and calcium channel blockers. This will also improve hemodynamic stability and reduce the toxicity of the drugs and their toxicity." The

### Faculty



Peter R. Kowey, MD

(Co-chairman)  
Professor of Medicine  
Jefferson Medical College  
Chief, Division of Cardiovascular Diseases  
Lankenau Hospital and the University City Campus  
Main Line Health System  
Wynnewood, PA



James A. Reiffel, MD

(Co-chairman)  
Professor of Clinical Medicine  
Columbia University College of Physicians and Surgeons  
Director, Electrophysiology Laboratory and Senior Electrophysiologist, Arrhythmia Service  
Columbia Presbyterian Medical Center  
New York, NY

Jeffrey L. Anderson, MD  
Professor of Medicine  
Chief, Division of Cardiology  
University of Utah School of Medicine  
Salt Lake City, UT

Andrew E. Epstein, MD  
Professor of Medicine  
Division of Cardiology  
University of Alabama-Birmingham  
Birmingham, AL

Robert J. Myerburg, MD  
Professor of Medicine and Physiology  
Director, Division of Cardiology  
University of Miami School of Medicine  
Miami, FL

## SYMPOSIUM HIGHLIGHTS

### New Trends in Arrhythmia Management Clinical Issues and Decisions



### Introduction

The ongoing issues and challenges posed in the treatment of patients with atrial fibrillation (AFib) were addressed in a symposium, *New Trends in Arrhythmia Management: Clinical Issues and Decisions*, held in Snowbird, Utah, on April 1-2, 2000. The presentations and interactive discussions covered key components of AFib management including rate control, anticoagulation, and antiarrhythmic drug therapy. Risks and benefits of both pharmacologic and electrical cardioversion were reviewed. Practical aspects of antiarrhythmic drug pharmacotherapy were discussed with an emphasis on safety considerations. Emerging nonpharmacologic strategies were also highlighted. This symposium was sponsored by Berlex Laboratories, New Jersey, under an unrestricted educational grant.

### Opening Remarks

Peter R. Kowey, MD, co-chairman of this symposium, opened the conference stating, "There has been a tremendous amount of information [on AFib] provided to the medical community in the last few years...there has been a good deal of miscommunication and misunderstanding about what is contained in the literature and what we need to do to take the best care of our patients. We have assembled a faculty who are not only outstanding academicians but, even more importantly, know how to take care of patients and know a lot about day-to-day management of problems that you face in your practices."

**"The latest thing that has happened at the FDA is that sotalol was approved for AFib specifically as a new tradename, BETAPACE AF."**

Dr. Kowey also said a few words about the recent FDA approval of BETAPACE AF™ (sotalol HCl). "The latest thing that has happened at the FDA is that sotalol was approved for AFib specifically as a new tradename, BETAPACE AF. And I want to make a disclaimer...you are going to hear us talking specifically about a tradename, BETAPACE AF, because we are mandated to do so. The FDA did approve sotalol for treatment of patients with atrial fibrillation, but under a new tradename...they believe that by doing so, they will be able to optimize the opportunities for patient education and physician education."