

TOPICS IN ATRIAL FIBRILLATION

Research at UVA's Atrial Fibrillation Center



As Clinical Research Coordinator for UVA's Atrial Fibrillation Center, I am pleased to briefly discuss several open prospective randomized clinical trials in which Atrial Fibrillation Center is participating. Please visit the research section at www.afibcenter.org for more information.

FOCUS AF, sponsored by ProRhythm, Inc. A multicenter trial to assess the safety and effectiveness of the HIFU Ablation System (using ultrasound instead of radiofrequency waves for ablation) in the treatment of symptomatic, paroxysmal AF compared to the control of best medical therapy with FDA approved antiarrhythmic drugs. UVA is one of 15 centers across the nation that is participating in this trial.

ATHENA, sponsored by Sanofi-Synthelabo. A multicenter placebo-controlled, double-blind, parallel arm trial to assess the efficacy of Dronedarone for the prevention of cardiovascular hospitalization or death from any cause in patients with atrial fibrillation/atrial flutter. UVA is one of 750 centers worldwide that is participating in this study.

Ensite Version 6.0 System Performance, sponsored by St. Jude Medical. A trial in which 2 sites have been asked to use the upgraded Version 6.0 EnSite System software during atrial fibrillation ablation procedures. The differences between the Version 5.1 EnSite and 6.0 EnSite software applications will be discussed at the Heart Rhythm Society conference in May of 2006.

Heather Greenbaum.
Clinical Research Coordinator

WHAT'S NEW IN ATRIAL FIBRILLATION: Long-term evaluation of atrial fibrillation ablation guided by noninducibility.

Jais P, Haissaguerre M et al Heart Rhythm 2006;3:140-45. This study prospectively evaluated noninducibility of atrial fibrillation (AF) in guiding a stepwise ablation approach tailored to the patient. As

Noninducibility has been associated with freedom from arrhythmia in a large number of AF patients, this study sought to determine need for additional ablation based on inducibility of AF after PV isolation. In 74 patients with paroxysmal AF, PV isolation was performed. If AF was still inducible, one to two additional linear lesions were placed at the mitral isthmus and/or left atrial roof to achieve noninducibility. In (57%), PV isolation alone restored sinus rhythm and rendered AF noninducible. 32 patients required additional linear lesions. A single linear lesion achieved noninducibility in 20, whereas two linear lesions were required in 12. Using this stepwise approach, 93% of patients were rendered noninducible. During follow-up of 18 ± 4 months, 67 patients (91%) were free from arrhythmia without antiarrhythmic drugs. Repeat procedures were performed in 23 patients either to touch of up prior lines or in 8 of these patients "new" linear lesions not predicted by inducibility were required.

ASK THE EXPERT – Can my diet really interfere with my coumadin?



Coumadin (warfarin) is used to thin the blood by interfering with vitamin K formation (which works in blood clotting), and reduce risk of stroke. Atrial fibrillation is one of several risk factors for stroke. If you have been told to take coumadin because of atrial fibrillation, you will have an INR (measure blood thinness) measured often and kept between 2.0 and 3.0.

Green leafy vegetables (broccoli, spinach and cabbage) can affect the INR because they are rich in vitamin K. You do not need to completely eliminate these foods, as you need to have some foods that contain vitamin K (see "The Coumadin Cookbook" by Desmarais, Golden and Benyon). The important thing is to be consistent. That is, if you eat a green salad twice a week, then you should eat a green salad twice a week every week. You should also know that alcohol and smoking also affect how coumadin works, so make sure to talk to your doctor about your alcohol and tobacco use.

The key is to work closely with your provider, be consistent in your dietary intake, and have your INR checked frequently.

Liza Prudente RN, NP