

Analysis of the Different Cardioversion Strategies in the Emergency Department in a Secondary Hospital

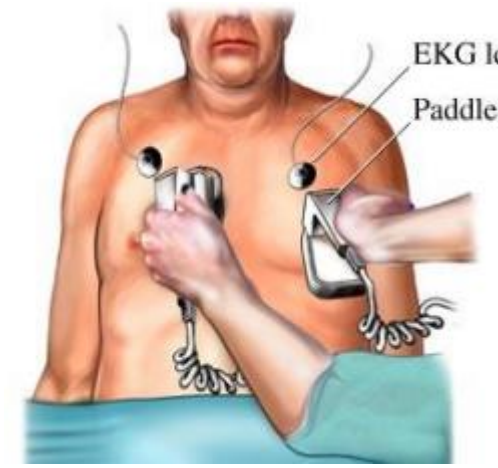
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BACKGROUND AND IMPORTANCE



Type of cardioversion



Electrical cardioversión (ECV)

More effective; method of choice for haemodynamically unstable patients/new onset AF

Pharmacological cardioversion

Does not require anaesthesia; Easier to attempt

The choice to pursue rhythm control is an individualised one (according to the clinical profile and therapeutic options available)

ACUTE ATRIAL FIBRILLATION (AF)

AIM AND OBJECTIVES

- To analyse the strategies to restore sinus rhythm for ED patients with acute AF and the results obtained
- To analyse the time from AF onset to restoration of sinus rhythm

MATERIAL AND METHODS

- Observational, retrospective, multidisciplinary study
- Inclusion criteria: patients >18 years treated at the ED (June 2020-February 2021) with diagnosis of AF in which it was decided to restore sinus rhythm

Variables

- Demographic
- Comorbidities (chronic renal failure, diabetes, obesity)
- Haemodynamic stability
- Structural heart disease
- Type of cardioversion (ECV or pharmacological)
- Drug used in pharmacological cardioversion
- Conversion to normal sinus rhythm (yes/no)
- Time to restoration of rhythm
- Rescue cardioversion if failure

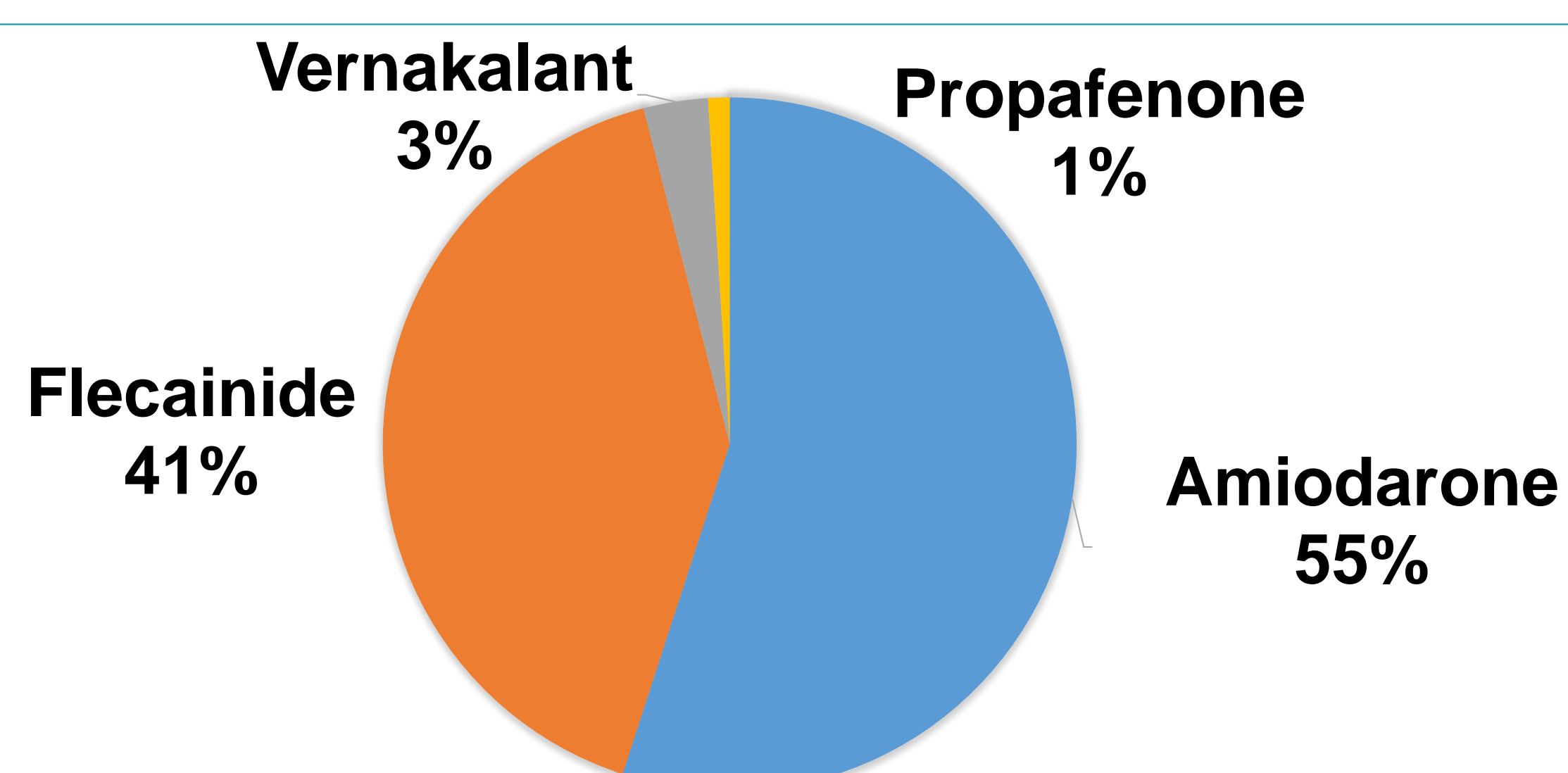
RESULTS

186 patients with a diagnosis of acute AF → 83 (45%) Rhythm control

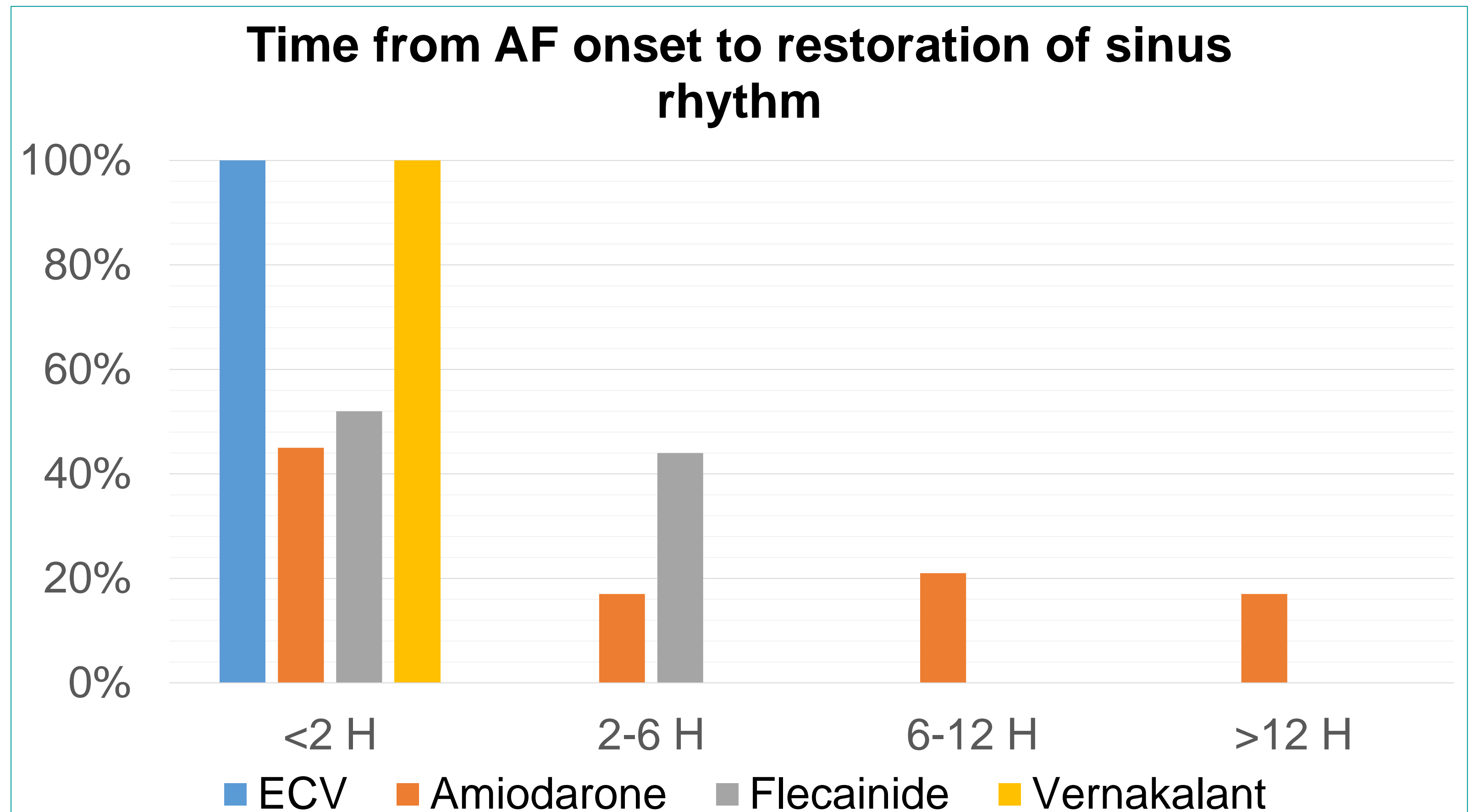
Age	66±13 years	Haemodynamically unstable patients	11%
Sex	58% women	Structural heart disease	34%
Comorbidities	47%		



Pharmacological cardioversion (92%)



Cardioversion failed in 25% of patients
Rescue therapy: 67% alternative cardioversion strategy and 33% rate control approach



CONCLUSION

- Although the gold standard therapy is ECV, it was underused in our sample of patients
- Amiodarone was the most widely prescribed drug, although the time to restore sinus rhythm was shorter with other therapies (ex. flecainide). More trials comparing different strategies are needed