PHARMACOLOGICAL CARDIOVERSION IN PATIENTS WITH RECENT-ONSET ATRIAL FIBRILLATION AT EMERGENCY DEPARTMENT: EFFICACY AND SAFETY OF VERNAKALANT

Abstract number: 5PSQ-022
C. Caballero Requejo1, M. Onteniente Candela1, C. Gallego Muñoz1, M. Gil Candel1, I. Salar Valverde1, E. Urbietta Sanz1, P. Piñera Salmerón2
1Hospital Universitario Reina Sofía, Pharmacy Department, Murcia, Spain.
2Hospital Universitario Reina Sofía, Emergency Department, Murcia, Spain.

BACKGROUND

• Atrial fibrillation (AF) is one of the most common clinically significant cardiac arrhythmias. The management of AF includes conversion to sinus rhythm (SR). Vernakalant is a multi-channel blocker that has effectively converted recent-onset AF and has been well tolerated in placebo-controlled studies.

PURPOSE

• To assess the efficacy and safety of vernakalant for the pharmacological conversion of AF to SR.

MATERIAL AND METHODS

• Retrospective study conducted at Emergency Department (ED), including all patients receiving treatment with vernakalant from March 2012 to May 2015.
• Variables included in the analysis were:
  ✓ Age
  ✓ Gender
  ✓ Comorbidities
  ✓ Type of AF
  ✓ Progression time of AF
  ✓ Cardioversion effectiveness
  ✓ Serious and minor side effects
  ✓ Average stay in ED and recurrence rate

RESULTS

• 43 patients with a diagnosis of recent-onset AF treated with vernakalant were included.
• Mean age was 68.8±11.9 years. 51.2% were woman.
• Comorbidities:
  ✓ Arterial hypertension (65.1%)
  ✓ Diabetes (27.9%)
  ✓ Previous acute myocardial infarction (11.6%)
  ✓ Valvulopathy (7%)
  ✓ Previous stroke (7%)
• Type of AF:
  ✓ 65.1% paroxysmal AF
  ✓ 34.9% first diagnosed
• Progression time of AF before cardioversion:
  ✓ Less than 12 hours: 79.1%
  ✓ Less than 24 hours: 4.7%
  ✓ In 24-48 hours: 16.3%
• Cardioversion effectiveness:
  ✓ Effective in 37 patients (86%):
    ✓ 29 patients (67.4%) converted directly after the first dose
    ✓ 8 patients (18.6%) required a second dose
• Serious and minor side effects:
  ✓ Tachycardia 11.6%,
  ✓ Hypotension 7%,
  ✓ Flutter during infusion 4.7%,
  ✓ Sneezing 2.3%,
  ✓ Dysgeusia 2.3%
• Average stay in ED and recurrence rate:
  ✓ Average stay in ED: 14.3±10.9 h.
  ✓ 76.7% maintained sinus rhythm.

CONCLUSIONS

• Vernakalant presented a high success rate in restoring SR, rapid onset of action and an acceptable safety profile. Hospital discharge was rapid after cardioversion, reducing the length of stay in the ED.