'12 HighLights

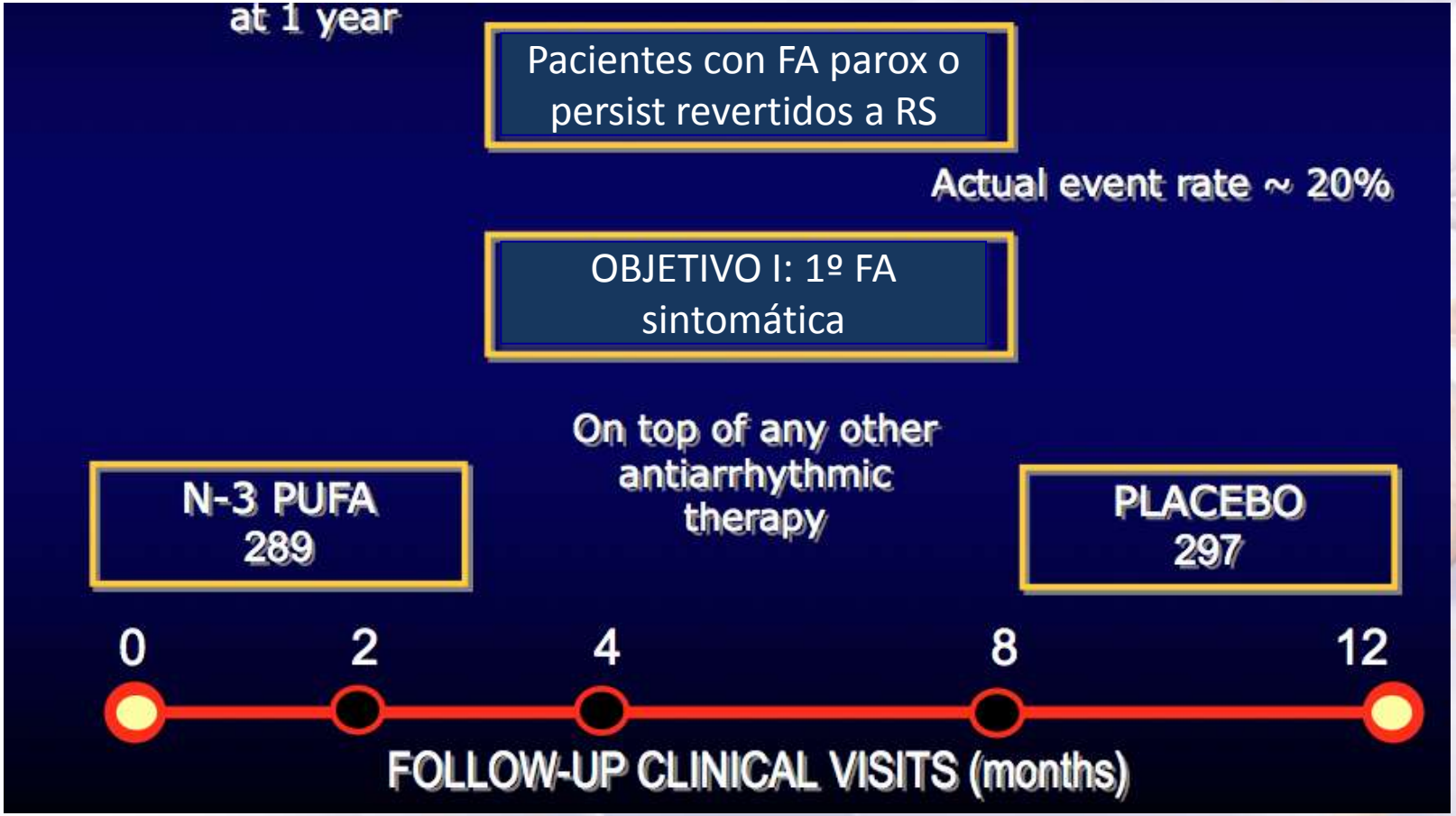
Arritmias y dispositivos

American Heart Association
Learn and Live

SCIENTIFIC SESSIONS 2012
EXHIBITS: NOVEMBER 4-6
SESSIONS: NOVEMBER 3-7
RESUSCITATION SCIENCE SYMPOSIUM: NOVEMBER 3-4

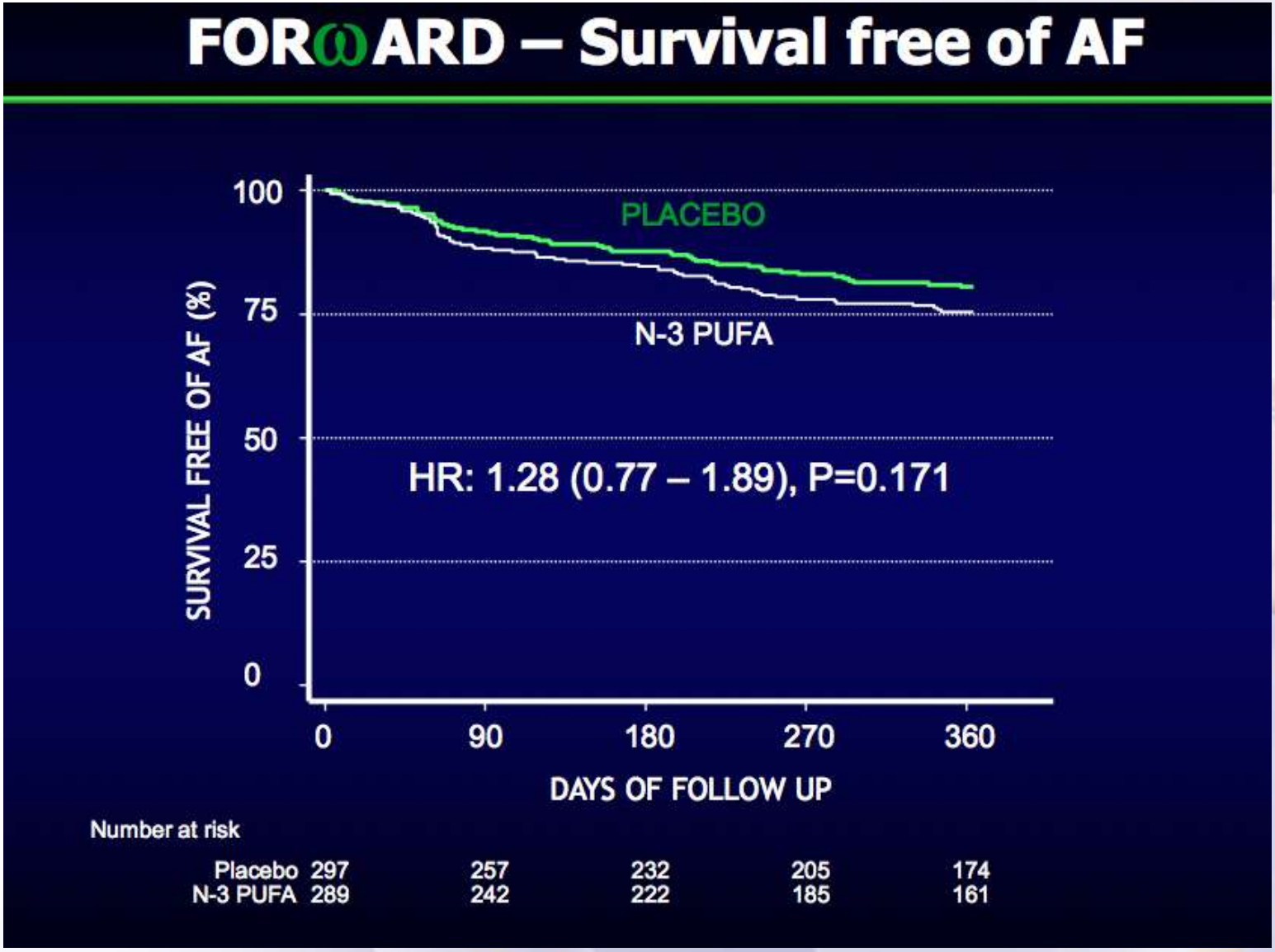
Ω-3 PUFA Y FA: FORWARD

Omega-3 Fatty Acids for the Prevention of Recurrent Symptomatic Atrial Fibrillation: Results of a double-blind randomized clinical trial



Ω-3 PUFA Y FA: FORWARD

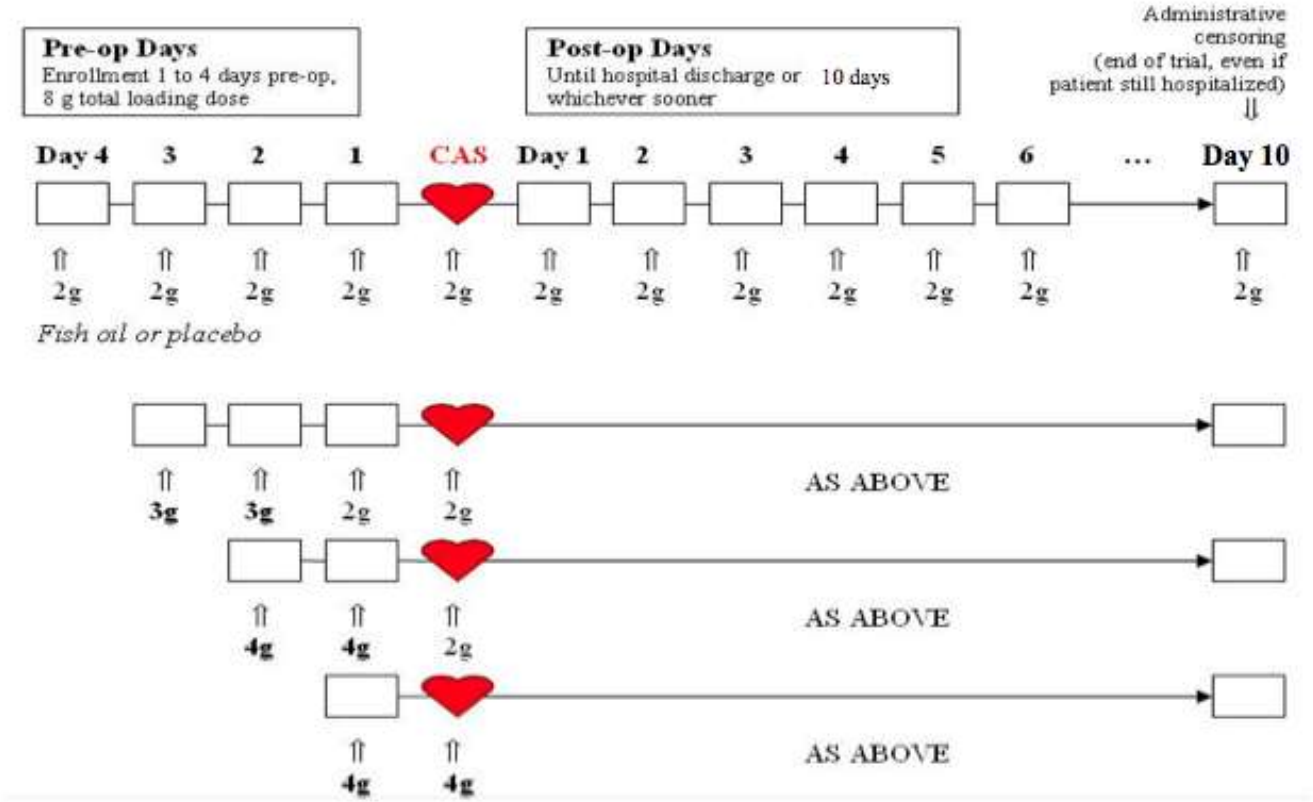
Omega-3 Fatty Acids for the Prevention of Recurrent Symptomatic Atrial Fibrillation: Results of a double-blind randomized clinical trial



Ω-3 PUFA Y FA: OPERA TRIAL

Fish Oil and Postoperative Atrial Fibrillation

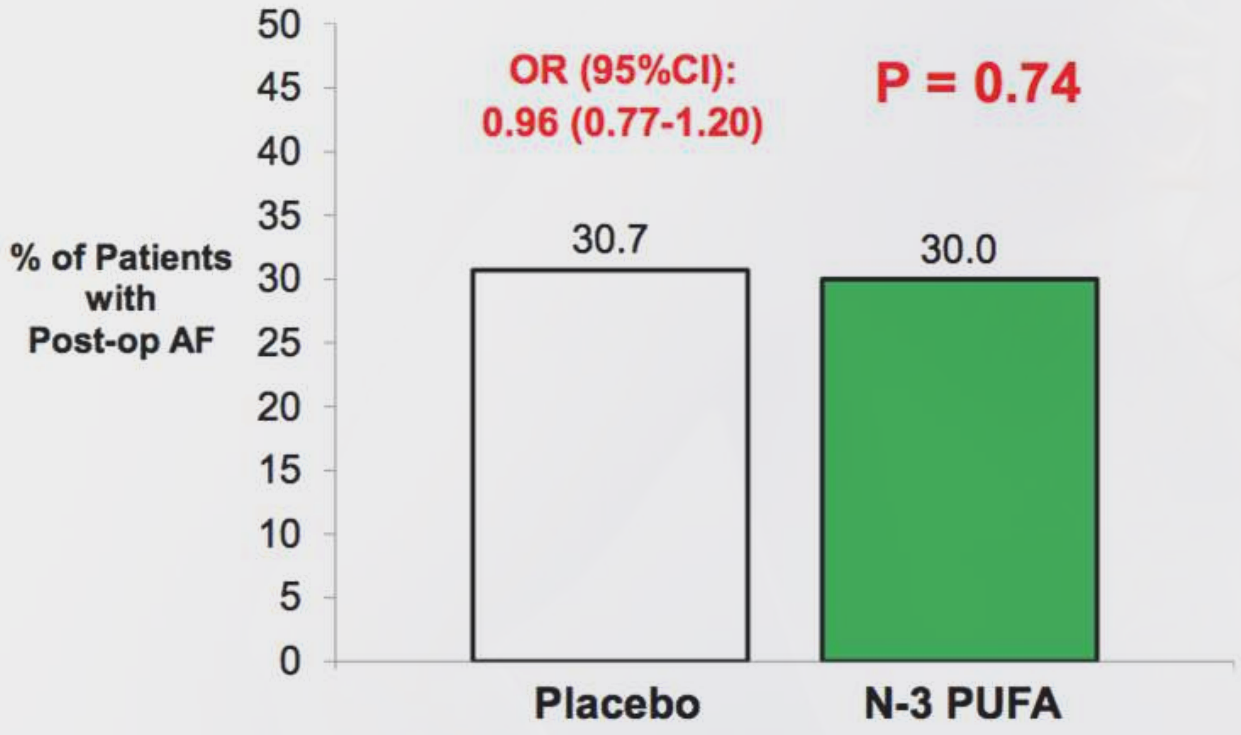
N=1516



EP: telemetría
FA > 30 s.

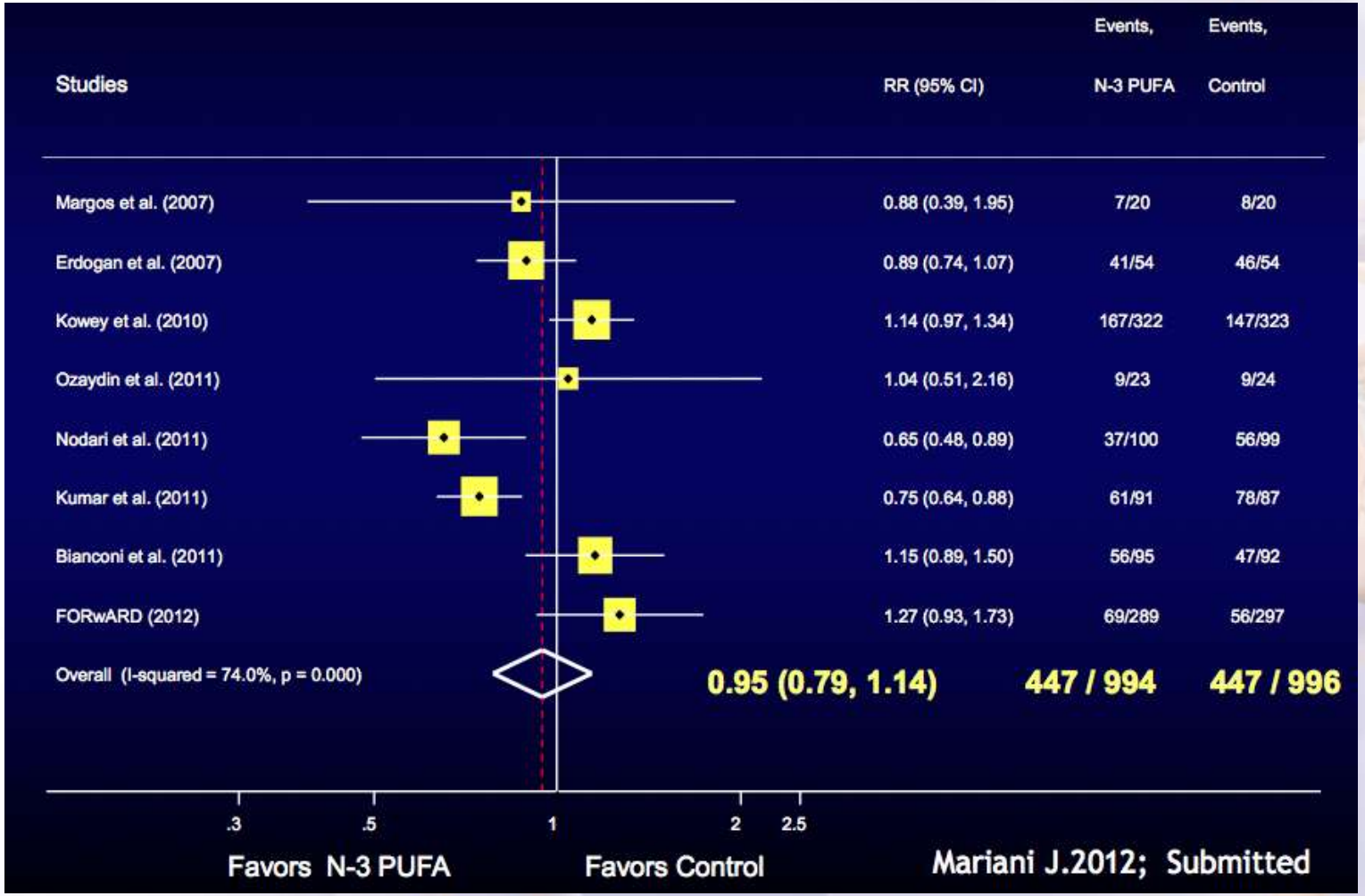
Ω-3 PUFA Y FA: OPERA TRIAL
Fish Oil and Postoperative Atrial Fibrillation

Results: Primary Endpoint



661 Post-op AF episodes documented in 460 patients

Ω-3 PUFA Y FA: FORWARD y OPERA



Subestudios ARISTOTLE

1. **Reduction in Bleeding with Apixaban versus Warfarin is Consistent Across Subgroups and Locations: Insights from the ARISTOTLE Trial**

   → APIXABAN reduce el riesgo de sangrado en 31%

   →Para ambos tratamientos, el sangrado gastrointestinal es el más frecuente (HDA)

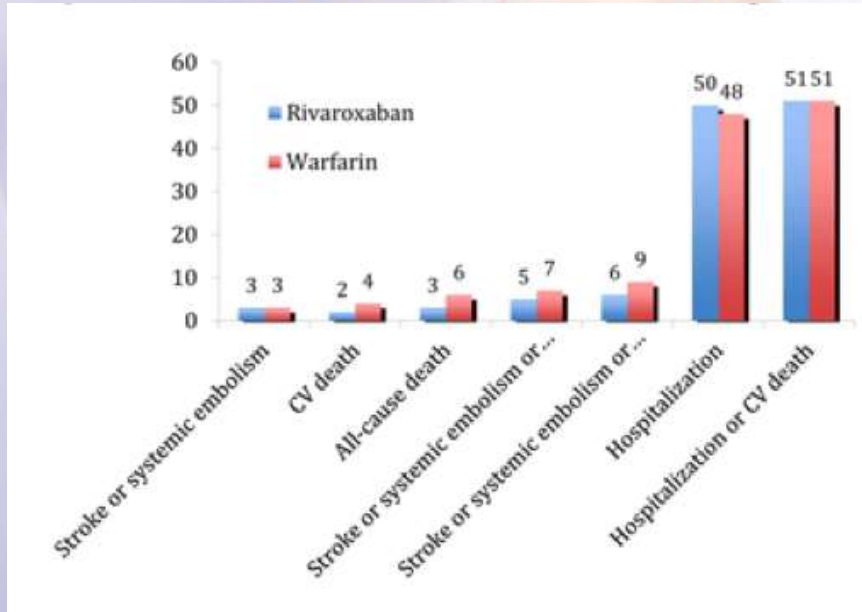
2. **Apixaban in Patients with Atrial Fibrillation and Prior Coronary Artery Disease: Insights from the ARISTOTLE Trial**

3. **Apixaban versus warfarin in Patients with Atrial Fibrillation in relation to Prior Warfarin Use: Insights from the ARISTOTLE trial**

   → Los pacientes sin uso de warfarina previa mostraban una tendencia a mayor riesgo de embolismo y sangrado, independientemente del grupo de tratamiento

Subestudios ROCKET-AF

1. **Rivaroxaban is Associated with a Reduced Risk of Thromboembolic events and Hemorrhagic Stroke in Patient with Heart Failure: Insights from ROCKET AF**
2. **Rivaroxaban Compared with Warfarin in Patients with Atrial Fibrillation and Diabetes: A Subgroup Analysis of the ROCKET AF Trial**
3. **Outcomes Following Cardioversion and Atrial Fibrillation Ablation in Patients Treated with Rivaroxaban and Warfarin in the ROCKET AF Trial**



SUBESTUDIOS DE RELY

1. **Importance of Persistent Elevation of Cardiac Biomarkers in Atrial Fibrillation - A RELY Substudy**

   →Peor pronóstico en pacientes con FA y elevación permanente de troponina y NT-proBNP

2. **Comparison of Dabigatran versus Warfarin in Diabetic Patients with Atrial Fibrillation: Results from the RE-LY Trial**

   →Pacientes con FA y DM: > nº de eventos, peor control de INR.

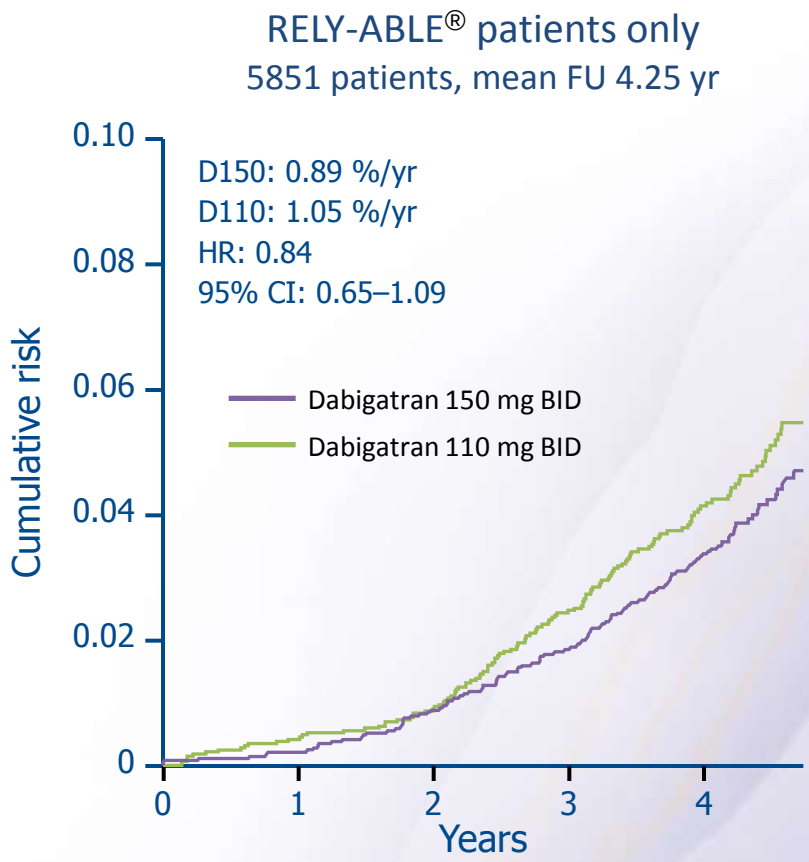
3. **Dabigatran Versus Warfarin in Very Elderly Patients with Atrial Fibrillation: Results from the RE-LY Trial**

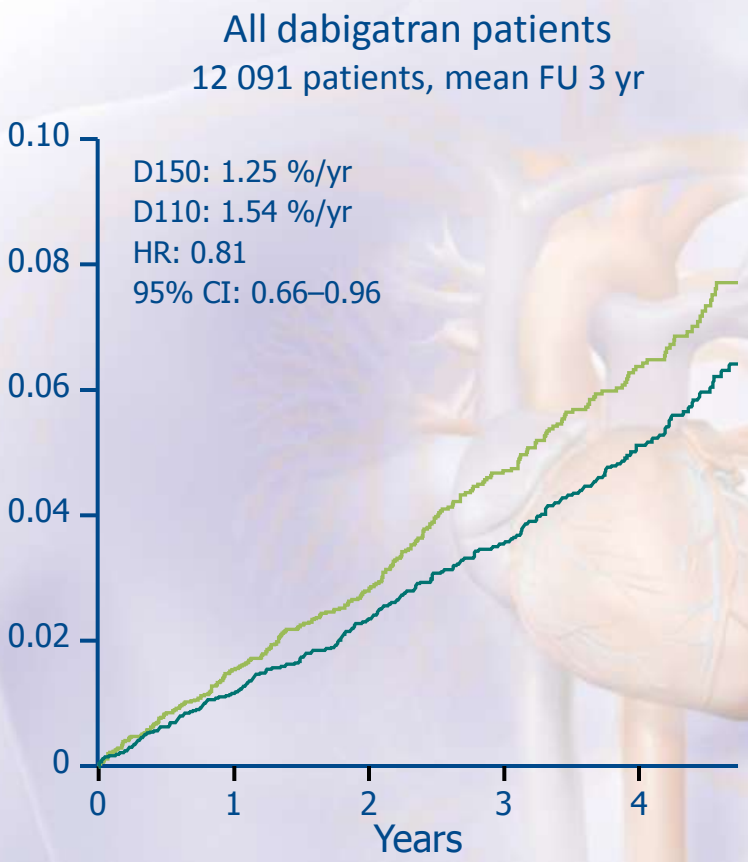
   →En ptes > 80 años, DE conserva los beneficios pero la dosis de 150 aumenta el riesgo de hemorragia vs warfarina, recomendando la dosis de 110.

4. **Anemia is Associated with an Adverse Outcome in Patients with Atrial Fibrillation: Insights Form the Re-ly Trial**

   → En pacientes con FA la presencia de anemia se asocia con peor pronóstico.

RELY-ABLE: ICTUS / ES





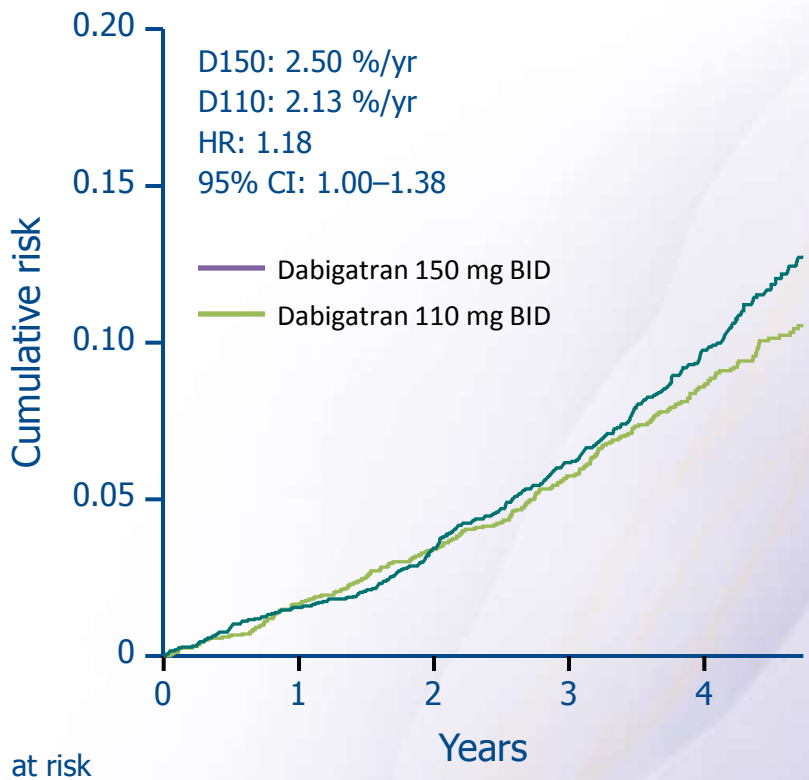
No. at risk

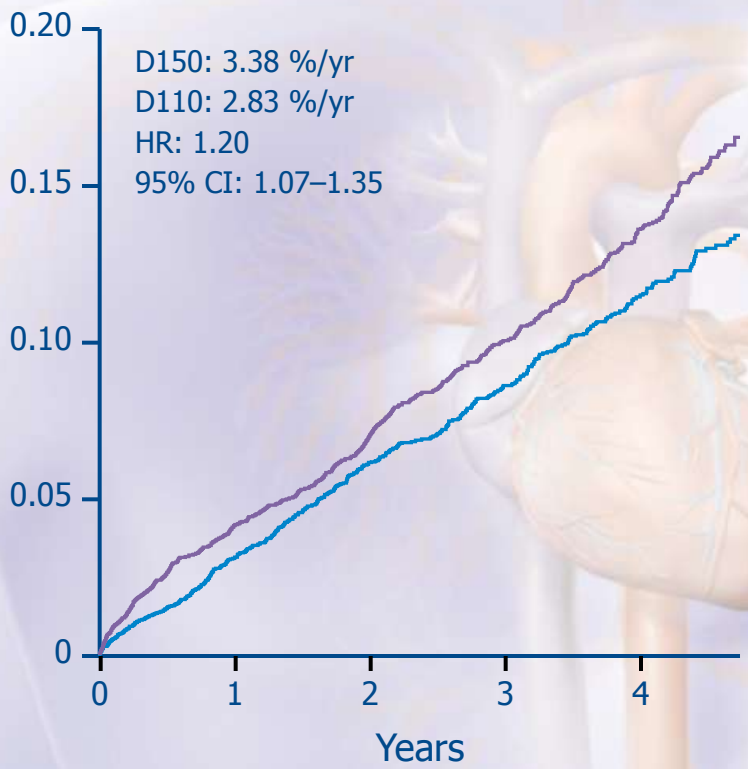
D110	2914	2902	2860	2711	1905
D150	2937	2931	2882	2729	1929

6015	5709	4208	2740	1921
6076	5777	4298	2757	1943

BID = twice daily; D150 and D110 = dabigatran 150 and 110 mg BID, respectively; FU= follow -up; HR = hazard ratio

RELY-ABLE: Major bleeding



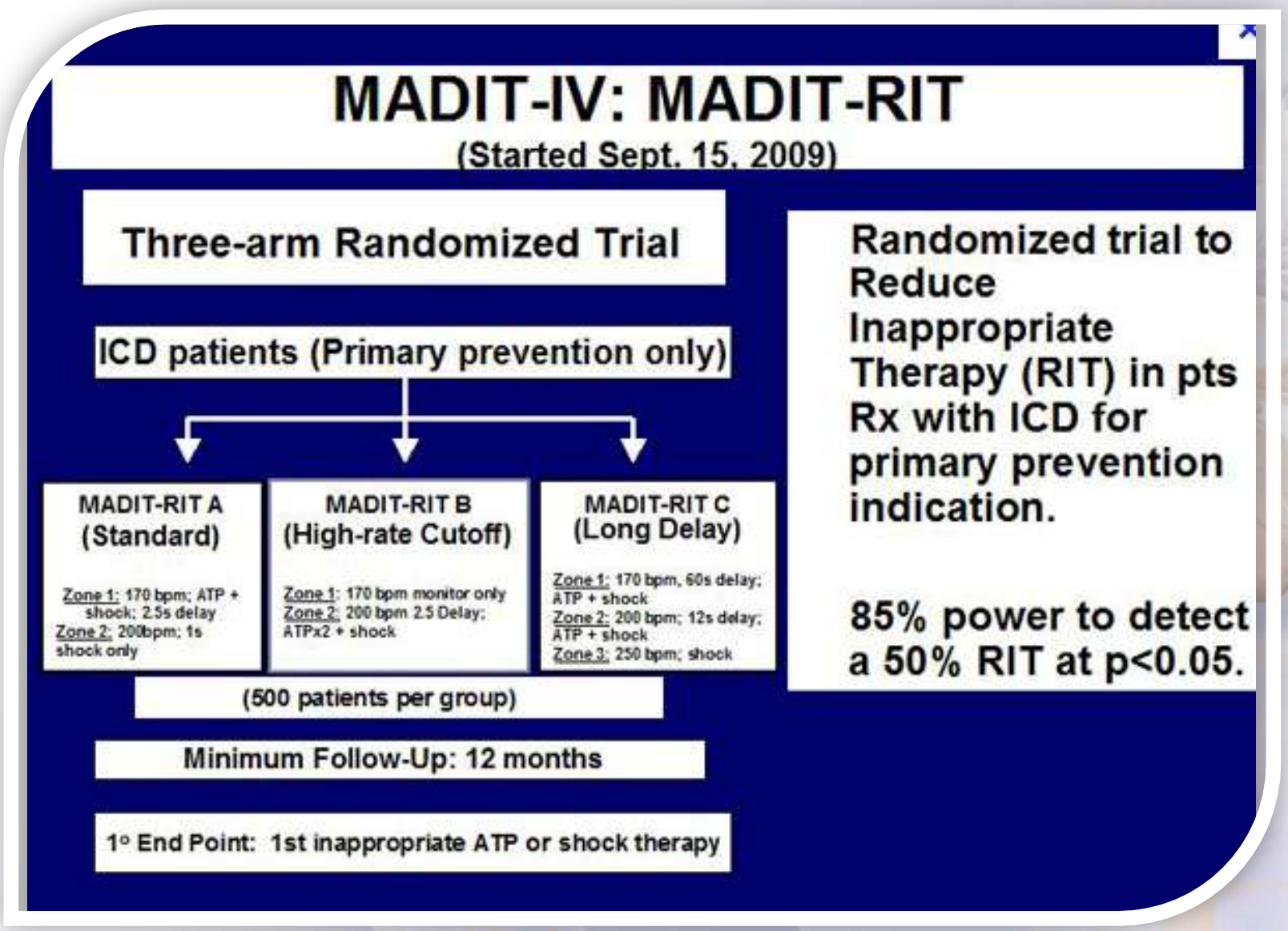


No. at risk

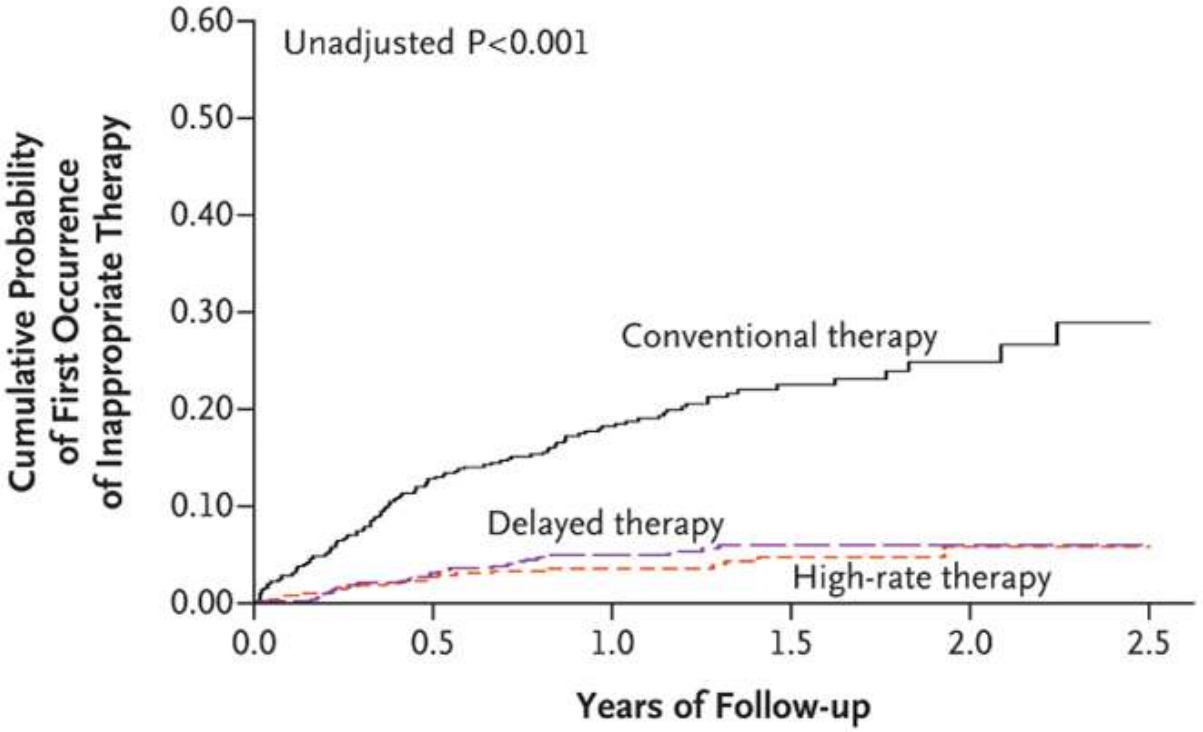
D110	2914	2867	2796	2634	1852
D150	2937	2892	2815	2617	1831

6015	5622	4092	2661	1868
6076	5627	4152	2644	1846

MADIT Randomized Trial to Reduce Inappropriate Therapy (MADIT-RIT)



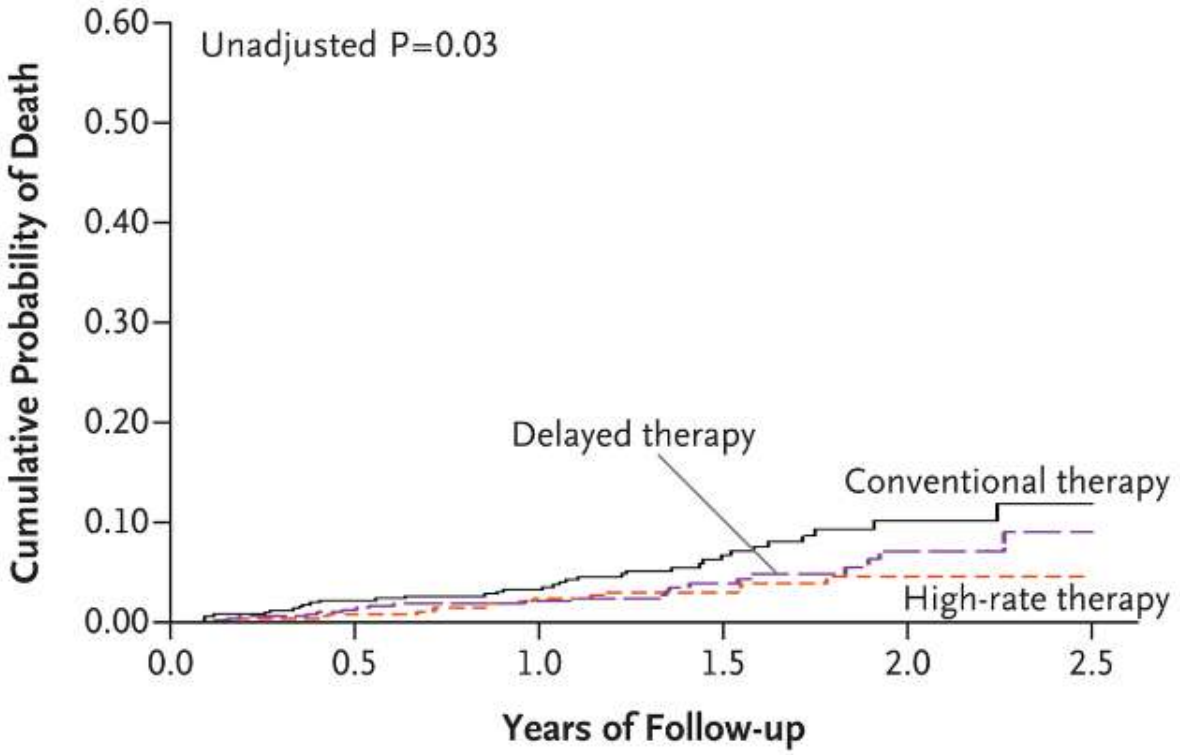
MADIT-RIT: Disminución de terapias inapropiadas



No. at Risk

Conventional therapy	514	420 (0.13)	305 (0.18)	149 (0.22)	56 (0.25)	8 (0.29)
High-rate therapy	500	454 (0.03)	339 (0.04)	191 (0.05)	70 (0.06)	17 (0.06)
Delayed therapy	486	445 (0.03)	342 (0.05)	177 (0.06)	82 (0.06)	13 (0.06)

MADIT-RIT: Mejoría de la supervivencia



No. at Risk

Conventional therapy	514	490 (0.02)	392 (0.03)	219 (0.07)	89 (0.10)	14 (0.12)
High-rate therapy	500	478 (0.01)	372 (0.02)	221 (0.03)	90 (0.05)	21 (0.05)
Delayed therapy	486	471 (0.01)	375 (0.02)	205 (0.04)	99 (0.07)	14 (0.09)

MADIT-RIT: Hazard ratios

Table 3. Hazard Ratios for a First Occurrence of Inappropriate Therapy, Death, and a First Episode of Syncope According to Treatment Group.

Variable	Conventional Therapy (N = 514)	High-Rate Therapy (N = 500)	Delayed Therapy (N = 486)	High-Rate Therapy vs. Conventional Therapy		Delayed Therapy vs. Conventional Therapy	
				Hazard Ratio (95% CI)	P Value	Hazard Ratio (95% CI)	P Value
	no. of patients						
First occurrence of inappropriate therapy	105	21	26	0.21 (0.13–0.34)	<0.001	0.24 (0.15–0.40)	<0.001
Death	34	16	21	0.45 (0.24–0.85)	0.01	0.56 (0.30–1.02)	0.06
First episode of syncope	23	22	22	1.32 (0.71–2.47)	0.39	1.09 (0.58–2.05)	0.80

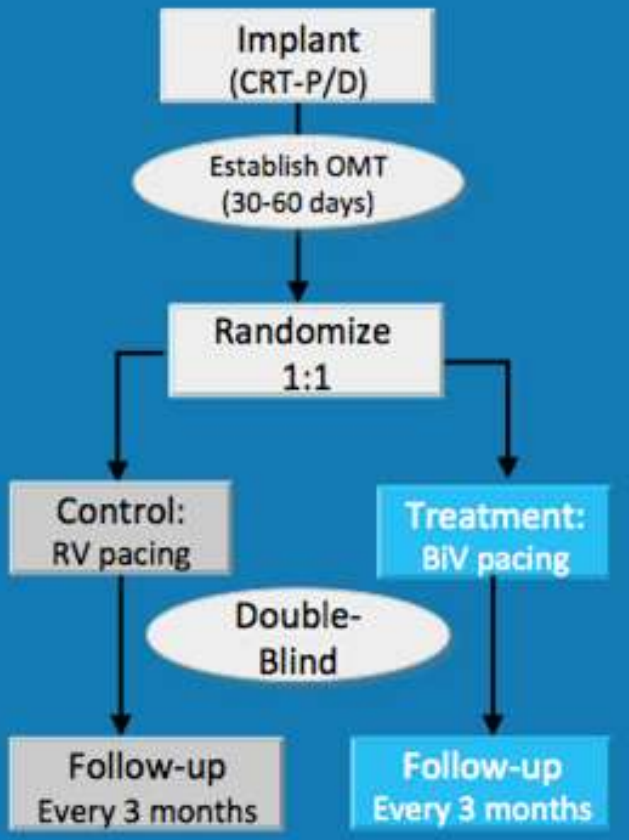
MADIT-RIT: CONCLUSIONES

Una optimización de la programación del DAI a alta frecuencia (> 200 lpm) o retraso en la terapia (60 s @ > 170 lpm) se asocia:

- Reducción del 75% en terapias inapropiadas
- Reducción del 50% de mortalidad total

Biventricular versus Right Ventricular Pacing in Patients with Left Ventricular Dysfunction and Atrioventricular Block (BLOCK HF Study)

Study Design



ELIGIBILITY CRITERIA

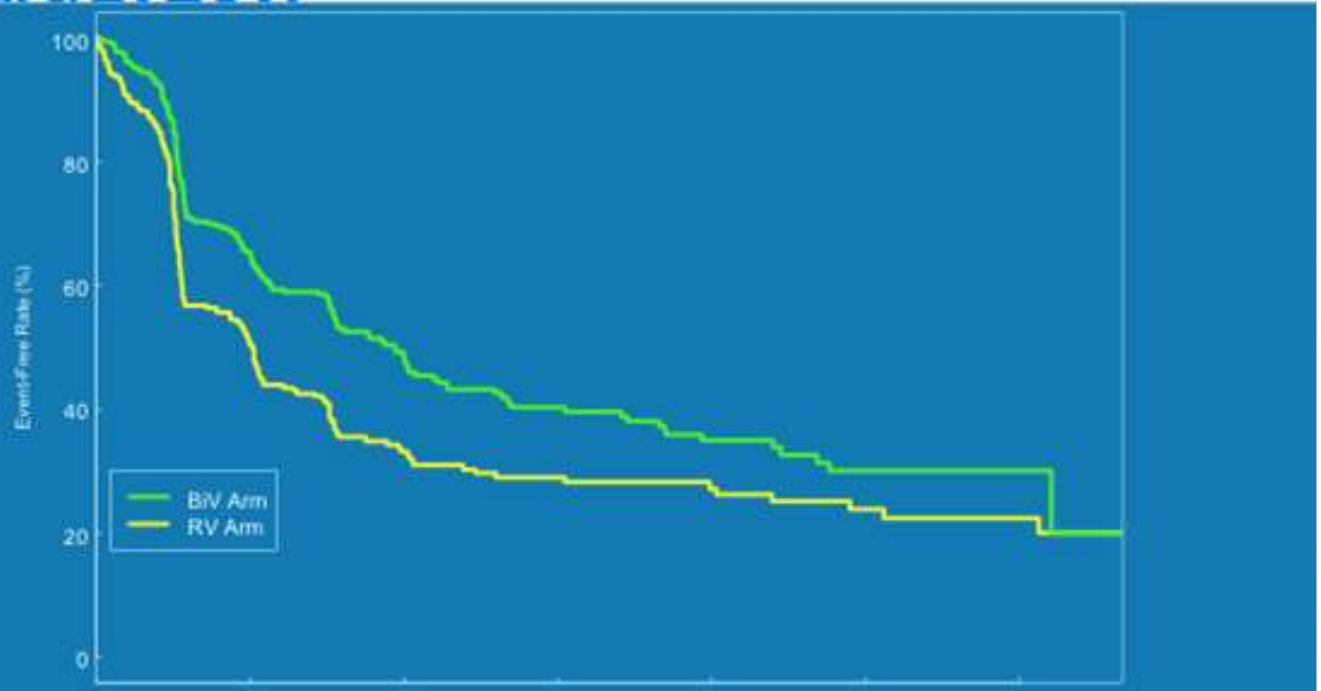
- AV block necessitating pacing
- Left ventricular ejection fraction (LVEF) ≤ 50%
- NYHA functional class I, II or III
- Absence of a Class I indication for resynchronization therapy
- No previous pacemaker or implantable cardioverter defibrillator (ICD)

- Echocardiography performed at Randomization, 6, 12, 18 and 24 months

OMT=optimal medical therapy
CRT-P=cardiac resynchronization therapy pacemaker
CRT-D=CRT defibrillator

Biventricular versus Right Ventricular Pacing in Patients with Left Ventricular Dysfunction and Atrioventricular Block (BLOCK HF Study)

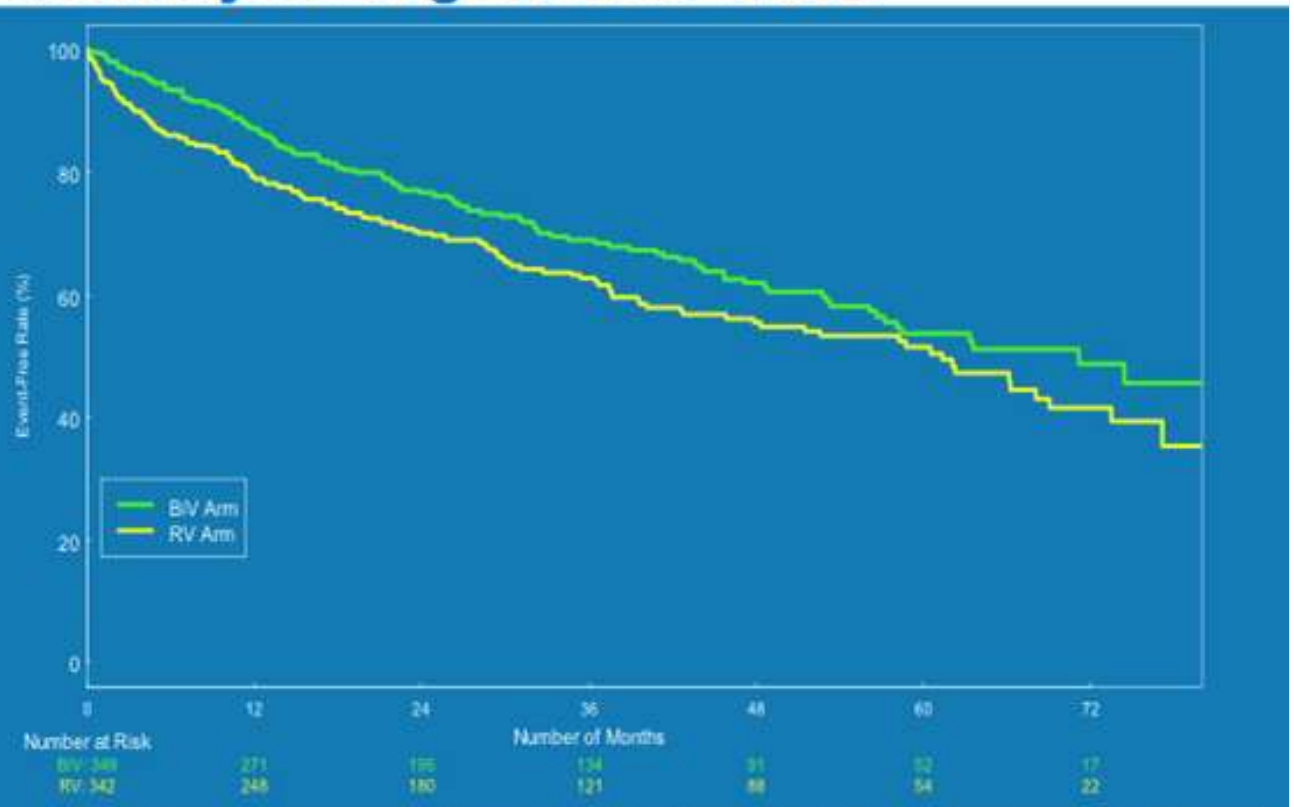
Primary Endpoint Results: Mortality/HF Urgent Care/LVESVI



Cohort	Estimated HR (95% CI)	Probability HR < 1	Threshold
All Randomized Subjects	**0.74 (0.60, 0.90)**	**0.9978**	0.9775
CRT-P Only	0.73 (0.58, 0.91)		
CRT-D Only	0.75 (0.57, 1.02)		

Biventricular versus Right Ventricular Pacing in Patients with Left Ventricular Dysfunction and Atrioventricular Block (BLOCK HF Study)

Clinical Components of Primary Endpoint: Mortality/HF Urgent Care Visits



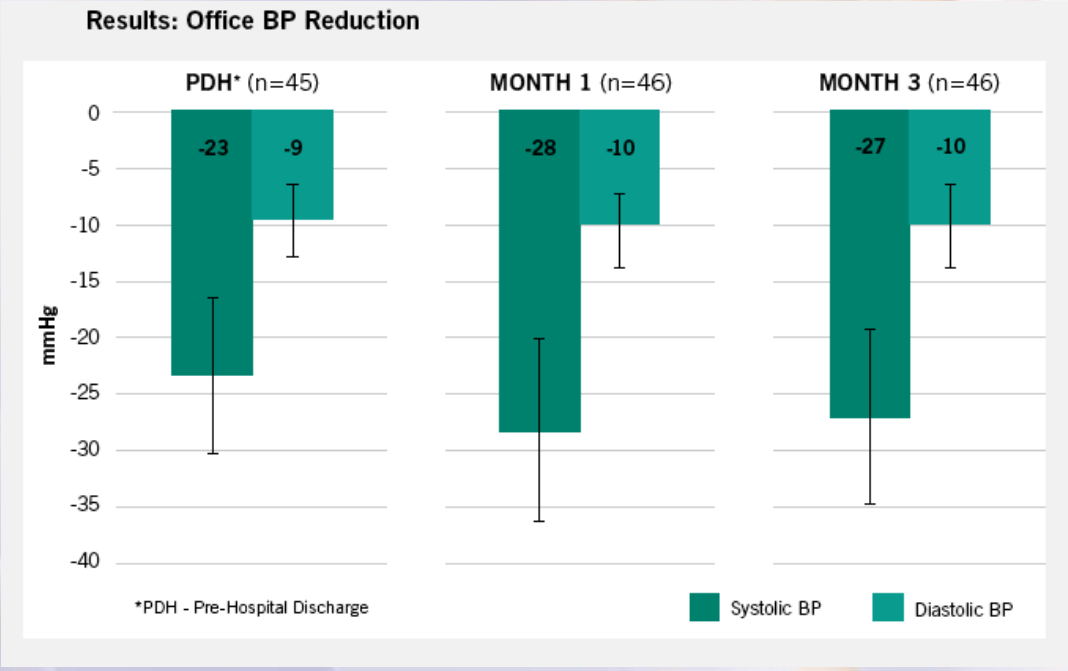
Cohort	Estimated HR (95% CI)	Probability HR < 1	Threshold
All Randomized Subjects	**0.73 (0.57, 0.92)**	**0.997**	**N/A**
CRT-P Only	0.73 (0.56, 0.94)		
CRT-D Only	0.73 (0.53, 1.02)		

Biventricular versus Right Ventricular Pacing in Patients with Left Ventricular Dysfunction and Atrioventricular Block (BLOCK HF Study)

- En pacientes con BAV y FE< 50%, comparado con la estimulación de VD, la estimulación BiV reduce en un 26% el objetivo combinado de mortalidad, IC y aumento del VTSVI
- Además hay una reducción del 27% en el objetivo clínico de IC y mortalidad total

EnligHTN™ I

- 46 Pacientes con HTA resistente (6 m) con dispositivo multielectrodo para ablación art renal
- No SAE. No empeoramiento de la función renal
- 76% de respondedores



Pilot Trial of Two Levels of Hypothermia in Comatose Survivors from Out-of-Hospital Cardiac Arrest

73 pacientes con PCR presenciada

37 excluidos

18 no firaron consentimiento

14 Ritmo no CV o DEM

18 P a 32ºC / 24 h

13 con FV o TV

5 asistolia

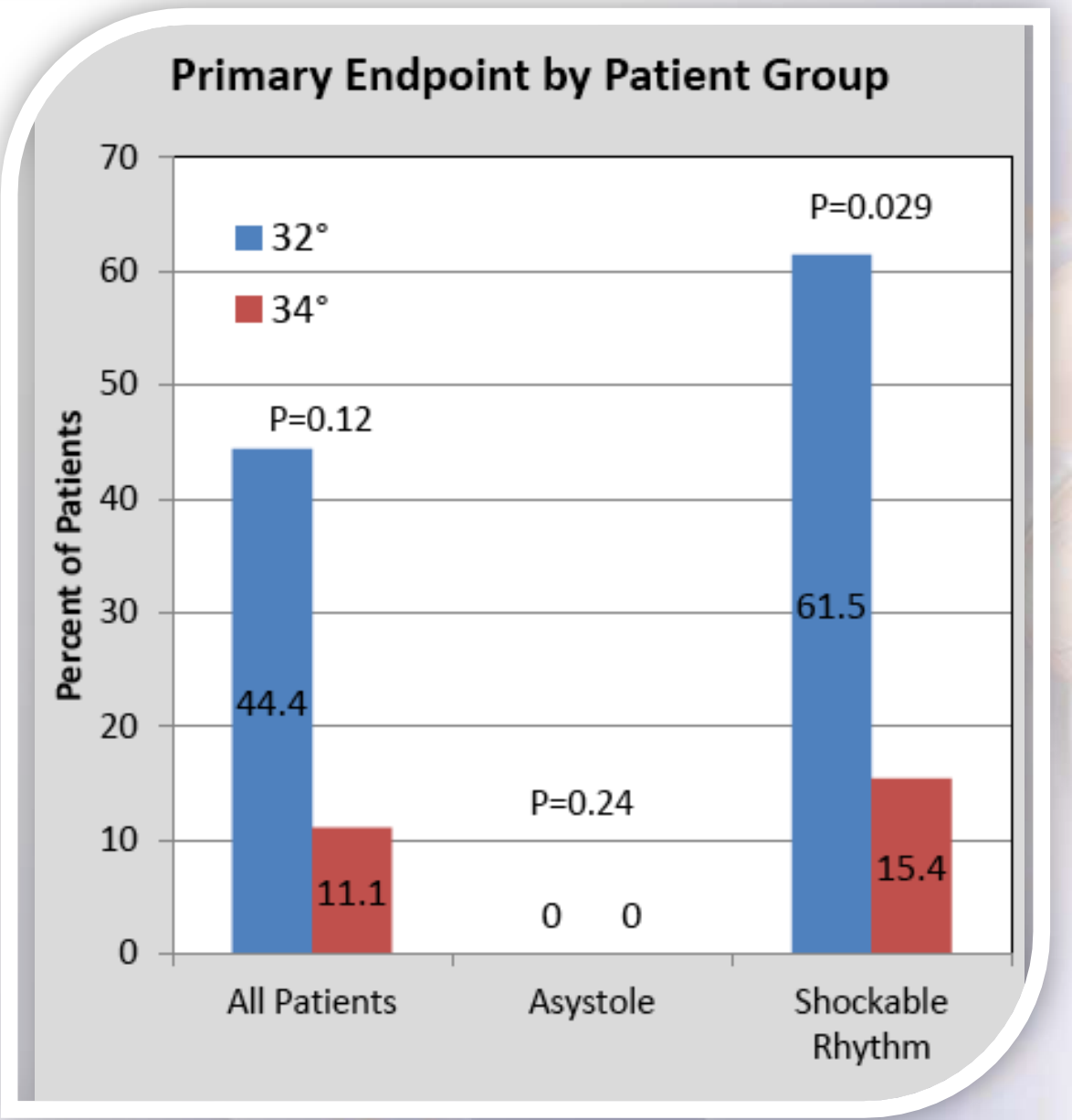
18 P a 34ºC / 24 h

13 con FV o TV

5 asistolia

OBJETIVO 1: SUPERVIVENCIA A 6 M LIBRE DE DEPENDENCIA SEVERA (BARTHEL > 60)

Pilot Trial of Two Levels of Hypothermia in Comatose Survivors from Out-of-Hospital Cardiac Arrest



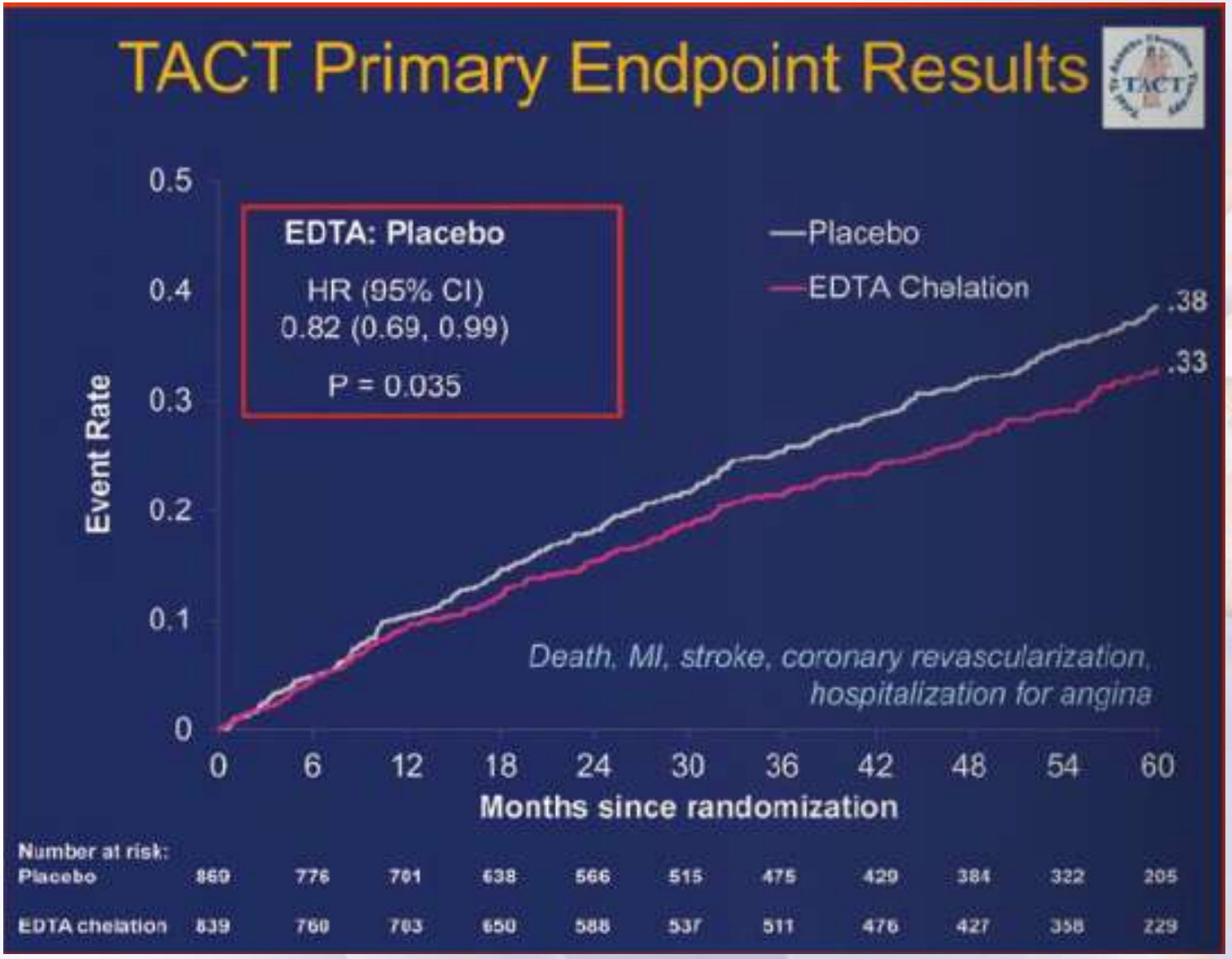
Trial to Assess Chelation Therapy (TACT)

- **Quelación**→ infusión de EDTA / 3 horas
  - 30 sesiones/semanales + 10 de mantenimiento cada 2-8 s
  - Consigue la eliminación de metales divalentes (calcio, plomo…)

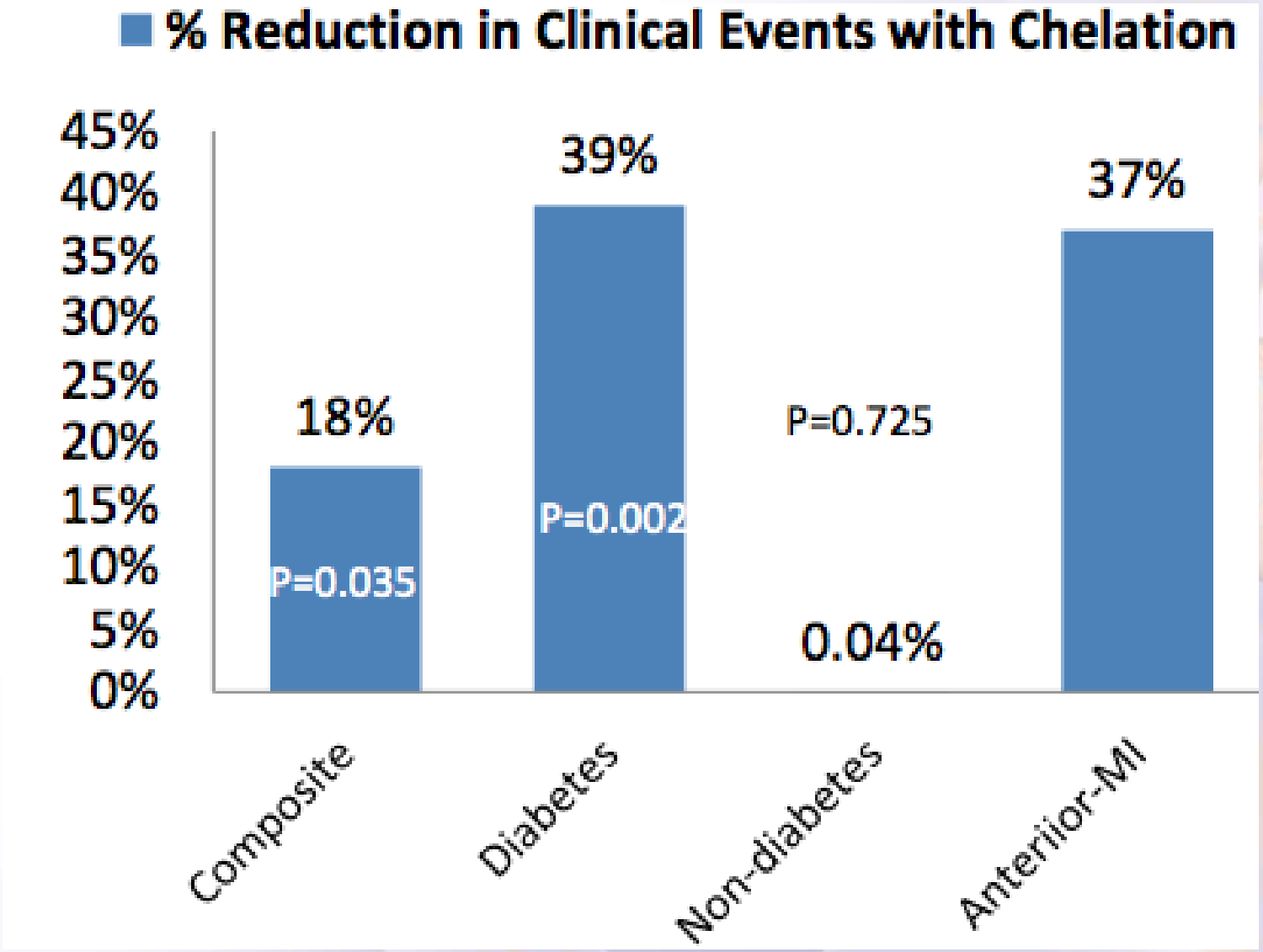
- 1708 pacientes post IAM (>6m)
- Seguimiento: 55 semana
- NO aumento de efectos adversos

Additive
Up to 3 grams of disodium EDTA
2 grams of magnesium chloride
100 mg of procaine HCL
2500 units of heparin
7 grams of ascorbate
2 mEq KCl
840 mg sodium bicarbonate
250mg pantothenic acid
100mg of thiamine
100mg of pyridoxine
QS with sterile water to 500ml

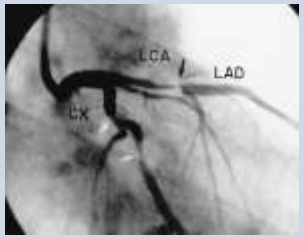
TACT: Resultados



TACT: Resultados según subgrupos



LoDoCo Study



N=532p

Randomizados

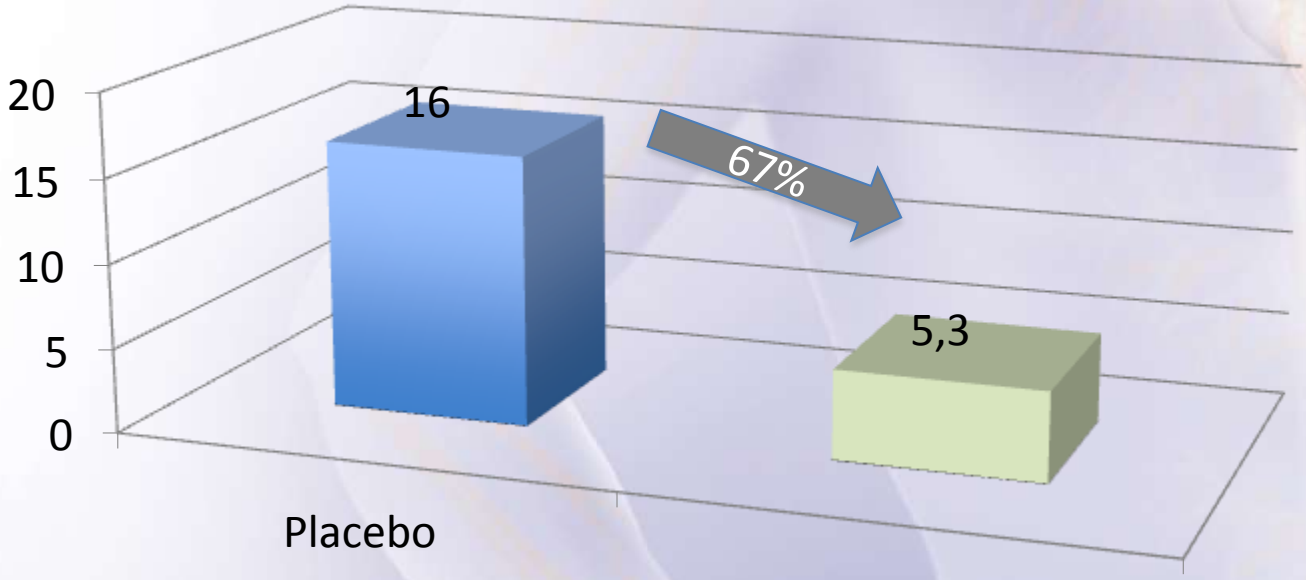
Colchicina 0,5 mg/d

placebo

11%

3 años

Objetivo
SCA
PCR
ACV



CONCLUSIONES

- FORWARD y OPERA→ n-3 PUFA no tienen utilidad en FA
- MADIT-RIT→ Optimizar la programación del DAI (> 200 lpm) disminuye terapias inapropiadas y la mortalidad
- BLOCK-HF→ Pacientes con BAV y disfunción sistólica valorar TRC
- LoDoCo→ Beneficios de la Colchicina en prevención
- En PCR→ Beneficios de una hipotermina a 32ºC