



Atrial fibrillation

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TO THE EDITOR: I read with interest the paper by Dr. Mina Chung in the June 2003 issue of the *Journal*,¹ in which she very succinctly summarizes four recent trials of rate control vs rhythm control for atrial fibrillation^{2–5} and makes several conclusions. Rhythm control is still an appropriate strategy for young patients, patients who are still symptomatic despite adequate rate control, and patients with new or first-episode atrial fibrillation. However, for most patients in persistent atrial fibrillation, rate control is not inferior to rhythm control.

There was, however, another study of rate vs rhythm control which the author did not mention. The How to Treat Patients with Chronic Atrial Fibrillation (HOT CAFE) study randomized 205 patients aged 50–75 years in persistent atrial fibrillation (≤ 2 years) to either rate or rhythm control.⁶ At 1 year there was a higher incidence of hospital admission in the rhythm-control arm (74% vs 12%; $P < .0001$), despite a significant improvement in exercise tolerance, as assessed by maximal workload during a treadmill test (7.6 ± 3.3 vs 5.2 ± 5.1 MET; $P < .0001$). As in the RACE study,³ there was a tendency to higher stroke rates associated with rhythm control than with rate control (3 vs 0 cases). This unpublished study appears to support the data from the other above-mentioned published studies.

DR. CHRISTOPHER J. BOOS, MBBS, MRCP (UK)
Specialist Registrar, Department of Cardiology
Portsmouth Hospitals NHS Trust
Portsmouth, United Kingdom

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IN REPLY: The unpublished HOT CAFE Polish study¹ of 205 patients with chronic atrial fibrillation (7 days up to 2 years) does appear to confirm the findings of AFFIRM² and RACE,³ which showed no benefit from a rhythm control strategy in terms of reduction of stroke. Indeed, the published abstract reports that no thromboembolic complications occurred in patients left in atrial fibrillation, whereas three patients suffered an ischemic stroke in the rhythm control group. It is unclear what the anticoagulation status was in the patients with stroke, including whether these patients were subtherapeutically anticoagulated or on antiplatelet drugs. Exercise tolerance was reported to be significantly improved in the rhythm-control arm, similar to that reported by PIAF.⁴ The AFFIRM functional status results will also be reported this year.

MINA K. CHUNG, MD
Department of Cardiovascular Medicine
The Cleveland Clinic Foundation

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