



‘Obvious’ answers aren’t always so simple

For many years, physicians assumed that restoring normal sinus rhythm was better than simply controlling the heart rate in patients with atrial fibrillation. Before the 1980s, rhythm restoration generally required electrical cardioversion, and the available drugs could seldom maintain normal rhythm afterward. Rate control with digitalis and other drugs, coupled with anticoagulation, was really the only practical option for treating these patients.

More effective drugs for maintaining normal heart rhythm began to be introduced in the late 1980s, enabling consideration of long-term pharmacological rhythm control. Early investigators of this strategy were surprised, however, at the frequency of sudden death with flecainide, even though they could control rhythm with this agent.

As Dr. Mina Chung reports on page 567 of this issue, four major studies reported within the past 3 years have shed further light on the relative value of rate control vs rhythm control in patients with atrial fibrillation. Which strategy is better now appears to depend on the circumstances, but in most cases, rate control is at least as good as rhythm control.

This is yet another example of a seemingly straightforward and simple question with an “obvious” answer that turned out to be not as simple as we thought. The rate-vs-rhythm story points out once again the importance of doing the studies and getting the right answer before plunging full steam ahead. Despite the progress so far, questions remain, as Dr. Chung reports, and the final chapter in this tale remains to be written.

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