Putting It All Together:
Anticoagulants, Rhythm Control, and LAA Closure. Which Therapy for Which Patient?

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Disclosures

• Discussion of non-FDA approved procedures (LAA Closure)

• Consultant/Research
  – Boston Scientific
  – Medtronic
  – St Jude Medical
  – Johnson & Johnson
  – Bristol Myers Squibb
Outline

• Goals of Therapy for AF
• Symptom Relief/QOL Improvement
• Stroke Risk Reduction Strategies
• Case Examples
Rate vs. Rhythm Control

• Controlling the Ventricular Response

• Sinus Rhythm

• Independent of Stroke Reduction Strategies
Rhythm Control

• Antiarrhythmic Drugs

• Catheter Ablation
AFFIRM Trial

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A COMPARISON OF RATE CONTROL AND RHYTHM CONTROL IN PATIENTS WITH ATRIAL FIBRILLATION
AFFIRM Trial

RATE VERSUS RHYTHM CONTROL FOR ATRIAL FIBRILLATION

Cumulative Mortality (%)

Years

P = 0.08

Rhythm control
Rate control
AFFIRM Trial

AFFIRM: survival by actual rhythm

- Sinus: 0.39 - 0.53 - 0.72
- Warfarin: 0.37 - 0.50 - 0.69
- AAD
- HF
- CAD

Survival:
- Higher Survival
- Hazard Ratio
- Lower Survival

Hazard Ratios:
- 1.49
- 1.57
- 1.56
Catheter Ablation

Comparison of Antiarrhythmic Drug Therapy and Radiofrequency Catheter Ablation in Patients With Paroxysmal Atrial Fibrillation
A Randomized Controlled Trial
Catheter Ablation

Symptomatic Atrial Arrhythmia

Any Atrial Arrhythmia

Freedom From Symptomatic Atrial Arrhythmia

HR, 0.24; 95% CI, 0.15-0.39; Log-rank *P* <.001

Freedom From Any Atrial Arrhythmia

HR, 0.29; 95% CI, 0.18-0.45; Log-rank *P* <.001

Follow-up, mo
Stroke Risk: Anticoagulants vs. LAA Closure

- Warfarin
- NOACs
- 1/5 discontinue meds at 2 years
- Unwillingness to prescribe in Elderly Patients
LAA Closure

- Surgical Closure
  - Concomitant Closure
  - Stand Alone Procedure

- Percutaneous Closure
LAA Devices

WATCHMAN®

ACP®

Lariat®

Lambre®

Wavecrest®
## Putting It All Together

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<th>Symptom Improvement</th>
<th>Stroke Risk Reduction</th>
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<td>Rhythm Control</td>
<td>++++++</td>
<td>?</td>
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</table>
| Anti-Coagulation| Ø                   | ++++++
| LAA Closure     | Ø                   | ++++++

Case Examples

• 46 y/o female with highly symptomatic AF
• CHADSVASc = 1
• Baseline HR 52, SBP 95
• In AF HR 185, SBP 80

• Symptom Relief
• Stroke Risk Reduction
Case Examples

- 82 y/o male with persistent AF related mild palpitation, HTN
- CHADSVASc = 3
- Renal Insufficiency
- Symptom Relief
- Stroke Risk Reduction
Case Examples

- 73 y/o male with palpitation & lightheadedness associated paroxysmal AF
- CHADSVASc = 3
- Symptom Relief
- Stroke Risk Reduction
Conclusions

• Management of Symptoms is Independent of Management of Stroke Risk

• Individualized/Tailored Strategies

• Role of Ablation + LAA Closure?