



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

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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 placebocontrolled 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.