

Pulmonary vein isolation yields reduction in A-fib burden

September 5 2024, by Elana Gotkine



For patients with symptomatic paroxysmal or persistent atrial fibrillation, pulmonary vein isolation results in a significant and clinically important reduction in atrial fibrillation burden at six months,

according to a study published online Sept. 2 in the *Journal of the American Medical Association* to coincide with the European Society of Cardiology Congress 2024, held from Aug. 30 to Sept. 2 in London.

Rajdip Dulai, M.B.B.S., from the East Sussex Hospitals NHS Trust in Eastbourne, England, and colleagues conducted a double-blind, randomized trial at two tertiary centers in the United Kingdom involving patients with symptomatic paroxysmal or persistent atrial fibrillation. Participants were randomly assigned to receive pulmonary vein isolation with cryoablation or a sham procedure with phrenic nerve pacing (64 and 62 [patients](#), respectively).

The researchers found that from baseline to six months, the absolute mean atrial fibrillation burden change was 60.31 and 35.0 percent in the ablation and sham groups, respectively. The estimated difference in the overall Atrial Fibrillation Effect on Quality of Life score at six months was 18.39 points, favoring [catheter ablation](#). There was substantially more improvement seen in the Short Form 36 general health score with ablation, with an estimated 9.27-point difference at six months.

"Pulmonary vein isolation resulted in a clinically important decrease in atrial fibrillation burden with substantial improvements in symptoms and quality of life compared with a sham procedure," the authors write.

Several authors disclosed ties to pharmaceutical and medical device companies, including Medtronic, which provided unrestricted in-kind support for the study.

More information: Rajdip Dulai et al, Pulmonary Vein Isolation vs Sham Intervention in Symptomatic Atrial Fibrillation, *JAMA* (2024).

[DOI: 10.1001/jama.2024.17921](https://doi.org/10.1001/jama.2024.17921)

Citation: Pulmonary vein isolation yields reduction in A-fib burden (2024, September 5)
retrieved 8 September 2024 from <https://medicalxpress.com/news/2024-09-pulmonary-vein-isolation-yields-reduction.html>

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