

Catheter ablation superior to standard drug therapy for heart failure

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A meta-analysis of randomized controlled trials found that catheter ablation was superior to conventional drug therapy alone for patients with atrial fibrillation and heart failure. Findings are published in *Annals of Internal Medicine*.

Provided by American College of Physicians

Atrial fibrillation is associated with thromboembolic stroke, systemic embolism, and decompensated heart failure. Catheter ablation is an established therapeutic strategy for [atrial fibrillation](#), but guidelines recommend caution in certain patients. The benefits and harms of [catheter ablation](#) versus drug therapy for patients with atrial fibrillation have not been firmly established.

Researchers from Icahn School of Medicine at Mount Sinai reviewed six published randomized controlled trials to compare the benefits and harms between catheter ablation and standard drug therapy (rate or rhythm control medications) in adult patients with atrial fibrillation and heart failure. Their analysis showed that compared to medication, catheter ablation was associated with reductions in all-cause mortality and heart failure hospitalizations and improvements in left ventricular ejection fraction; quality of life; cardiopulmonary exercise capacity; and 6-minute walk test distance, with no statistically significant increase in serious adverse events.

The major adverse events rates observed in the pooled analysis were 7.2 percent in the ablation group and 3.8 percent in the standard therapy group. Despite the complications associated with catheter ablation, the authors explain that the long-term benefits in all-cause mortality, [heart failure](#) hospitalizations, and overall clinical outcomes must be weighed in clinical decision making.

More information: *Annals of Internal Medicine* (2018).

<http://annals.org/aim/article/doi/10.7326/M18-0992>

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