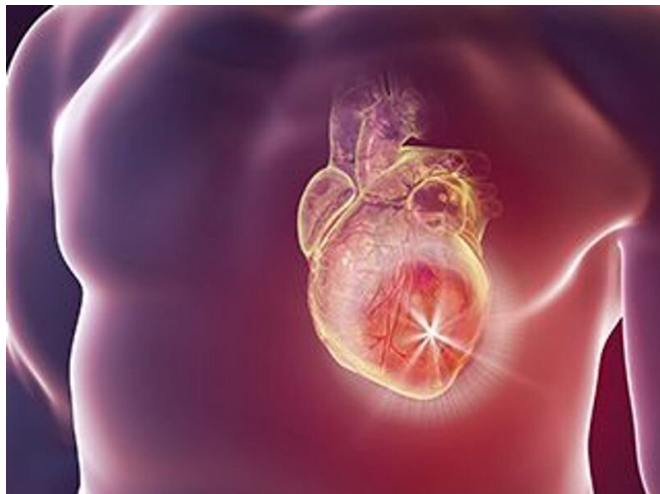


Ablation beats drug therapy for women and men with A-fib

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bleeding, or [cardiac arrest](#), the hazard ratio was 1.01 (95 percent confidence interval, 0.62 to 1.65) for women and 0.73 (95 percent confidence interval, 0.51 to 1.05) for men for ablation versus drug therapy. Compared with those receiving drug therapy, patients undergoing ablation had a significantly reduced risk for recurrent AF, but the effect was greater for men (hazard ratio, 0.48; 95 percent confidence interval, 0.40 to 0.58) than women (hazard ratio, 0.64; 95 percent confidence interval, 0.51 to 0.82).

"When compared with [drug therapy](#), ablation offers comparable benefits for women and men," the authors write. "Consequently, sex should not be used as a basis for selecting a management strategy for the treatment of AF."

Several authors disclosed financial ties to pharmaceutical and medical device companies, some of which funded the study.

(HealthDay)—For patients with atrial fibrillation (AF), those undergoing ablation have a significantly reduced risk for recurrent AF compared with those receiving drug therapy, regardless of sex, according to a study published in the Feb. 16 issue of *Circulation*.

More information: [Abstract/Full Text](#) ([subscription or payment may be required](#))

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Andrea M. Russo, M.D., from Cooper Medical School of Rowan University in Camden, New Jersey, and colleagues examined outcomes for 819 women and 1,385 men with AF ages 65 years and older or aged younger than 65 years with at least one risk factor for stroke. Participants were randomly assigned to either [catheter ablation](#) with pulmonary vein isolation or drug therapy with rate/rhythm control agents.

The researchers found that during the index procedure, women were less likely than men to have ancillary ablation procedures performed (55.7 versus 62.2 percent); in both sexes, complications from treatment occurred infrequently. For the primary outcome of death, disabling stroke, serious

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