DISCOntinuation VERsus continuation of antiarrhythmic drugs prior to Pulmonary Vein Isolation for atrial fibrillation and influence on dormant conduction with adenosine; a randomised controlled trial.

No registrations found.

Ethical review	Not applicable
Status	Pending
Health condition type	-
Study type	Observational non invasive

Summary

ID

NL-OMON29546

Source
NTR

Brief title
DISCOVER PVI

Health condition

Atrial fibrillation
Antiarrhythmic drugs
AAD
Dormant conduction
Pulmonary Vein Isolation
PVI
Catheter ablation
Cryoballoon
Radiofrequent
Atriumfibrilleren
Boezemfibrilleren
Anti-aritmica

Sponsors and support

Primary sponsor: MST Enschede
Source(s) of monetary or material Support: Cardio Research Enschede

Intervention

Outcome measures

Primary outcome

Incidence of dormant conduction with adenosine challenge after initial successful PVI.

Secondary outcome

1. Incidence of AF during cessation of AAD drugs.

2. Recurrence of AF within 12 months of the procedure on ECG or >30 seconds on Holter/Vitaphone (With applied blanking period of 3 months)

Study description

Background summary

Antiarrhythmic medications are frequently stopped more than five half-lives before pulmonary vein isolation(PVI) with the idea that they can supress spontaneous firing and fractionation of the electrocardiograms that can be used to guide ablation. Therefore they might mask dormant conduction in pulmonary veins. However many institutions choose to continue antiarrhythmic drugs(AAD) periprocedural. As current guidelines don’t recommend continuation or cessation of AAD prior to pulmonary vein isolation we compare continuing antiarrythmic drugs prior to PVI to cessation of AAD’s in relation to the occurence of dormant conduction.

Study objective

As current guidelines don’t recommend continuation or cessation of AAD prior to pulmonary vein isolation we compare continuing antiarrythmic drugs prior to PVI to cessation of AAD’s in relation to the occurence of dormant conduction with adenosine after succesful PVI.

Study design

Acute and 12 months

Intervention

Continuation or discontinuation of antiarrhythmic drugs 5 half lives prior to PVI

Contacts

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Eligibility criteria

Inclusion criteria

Adults with atrial fibrillation EHRA class II or higher during therapy with class I or III (excluding amiodaron) antiarrhythmic drugs eligible for PVI.

Exclusion criteria

-Usage of amiodaron (due to very long half life time(20-100 days) these patients will be excluded)

-Prior PVI or MAZE

- Asthmatic condition or contra indication for adenosine

-Participation in another study that is interfering with study practice

Study design

Design

Study type:	Observational non invasive
Intervention model:	Parallel
Allocation:	Randomized controlled trial
Masking:	Single blinded (masking used)
Control:	Active

Recruitment

NL

Recruitment status:	Pending
Start date (anticipated):	01-10-2015
Enrollment:	188
Type:	Anticipated

Ethics review

Not applicable

Application type:	Not applicable

Study registrations

Followed up by the following (possibly more current) registration

ID: 42401
Bron: ToetsingOnline
Titel:

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
NTR-new	NL5328
NTR-old	NTR5437
CCMO	NL54134.044.15
OMON	NL-OMON42401

Study results