Randomized double blind trial to evaluate the efficacy and safety of dronedarone (400 mg BID) versus amiodarone (600 mg daily for 28 days then 200 mg daily thereafter) for at least 6 months for the maintenance of sinus rhythm in patients with atrial fibrillation (AF)

Published: 26-03-2007
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To demonstrate that dronedarone is superior to amiodarone in the maintenance of sinus rhythm after pharmacological, electrical or spontaneous conversion of AF.

Ethical review	Approved WMO
Status	Pending
Health condition type	Cardiac arrhythmias
Study type	Interventional

Summary

ID

NL-OMON31364

Source
ToetsingOnline

Brief title
DIONYSOS

Condition

- Cardiac arrhythmias

Synonym

atrial fibrillation

Research involving
Human

Sponsors and support

Primary sponsor: Sanofi-aventis
Source(s) of monetary or material Support: sanofi-aventis

Intervention

Keyword: Amiodarone, Atrial, Dronedarone, Fibrillation

Outcome measures

Primary outcome

Treatment failure defined as recurrence of AF or premature study drug

discontinuation for intolerance or lack of efficacy.

Secondary outcome

There are no secundary endpoints defined in the protocol.

Study description

Background summary

Atrial fibrillation (AF) is the most frequent sustained arrhythmia in elderly people. It is associated with an increase in mortality risk and the symptoms can lead to heart failure and embolic complications. It is therefore common practice to restore sinus rhythm and to prevent AF recurrence.

Study objective

To demonstrate that dronedarone is superior to amiodarone in the maintenance of sinus rhythm after pharmacological, electrical or spontaneous conversion of AF.

Study design

Randomised, double blind.

Intervention

Patients will be treated with either amiodarone or dronedarone.

Amiodarone will have a loading dose of 600 mg per day and after 28 days this will decrease to 200 mg. Dronedarone will be administered 400 mg twice daily.

Study burden and risks

The patient will perform maximally 11 study visits during a maximal treatment period of 1 year. During the screening period, the patient will undergo the following examinations: ECG, chest X-ray, pulmonary function test and blood drawing.
During the remaining visits, the patient will undergo the following examinations: ECG, measurement of blood pressure and blood drawing.

The chest X-ray will be repeated at the M6 and EOT visits.

The risks are possible amiodarone or dronedarone side effects.
The general tolerability of 400 mg twice daily was good and the most frequent adverse events repored were gastrointestinal disorders (mainly diarrhea). Other adverse events which could be slightly increased are skin disorders, blood disorders (mainly anemia) and psychological disorders (mainly sleeping disorders).

Amiodarone side effects can be gastrointestinal disorders such as nausea, vomiting or constipation, excessive slowing of heart rate, thyroid disorders like hypothyroidism and hyperthyroidism, liver enzyme elevation, sleep disorders, skin disorders like sensitivity to sunburning more rarely grey bluish pigmentation, vision problems: blurred vision, halos, or eyes become light sensitive, numbness or 'pins and needles' in arms or legs, muscle weakness, uncontrolled movements, tremor, poor coordination and difficulty walking, increased bleeding.

Contacts

Public
Sanofi-aventis

Kampenringweg 45 D-E
2803 PE Gouda
NL
Scientific
Sanofi-aventis

Kampenringweg 45 D-E
2803 PE Gouda
NL

Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age
Adults (18-64 years)
Elderly (65 years and older)

Inclusion criteria

- Patients with documented AF for more than 72 hours for whom cardioversion and antiarrhythmic treatment is indicated in the opinion of the Investigator and receiving anticoagulants,
- Signed informed consent for the study.

Exclusion criteria

- Patients aged below 21 years,
- Contraindication to oral anticoagulation,
- Patient having received amiodarone in the past whatever the date (more than a total of twenty 200 mg tablets or more than 5 days intravenous [IV]),
- Women of childbearing potential without adequate birthcontrol; pregnant women; breastfeeding women,
- Clinically relevant haematologic, hepatic, gastrointestinal, renal, pulmonary, endocrinologic, psychiatric, neurological or dermatological disease,
- Serum potassium < 3.5 mmol/l and uncorrected or > 5.5 mmol/l before randomization,
- History of torsades de pointes; first degree family history of sudden cardiac death below age 50 years in the absence of coronary heart disease,
- History of high degree atrio-ventricular block (2nd degree Mobitz 2 or higher), or significant sinus node disease (documented pause of 3 sec or more) without a permanent pacemaker implanted,
- Bradycardia < 50 beats per minute (bpm) on the last 12-lead electrocardiogram (ECG) before randomization,

- Clinically overt congestive heart failure with NYHA class III or IV at the time of randomization,
- Ongoing potentially dangerous symptoms when in AF such as angina pectoris, transient ischemic attacks, stroke, syncope, as judged by the investigator,
- Patients known to have chronic AF defined as continuous AF for more than 12 months,
- Long QT syndrome or QT- or QTc-interval > or = 500 msecs before randomization,
- Wolff-Parkinson-White Syndrome,
- Patients with atrial flutter; patients with paroxysmal AF,
- Hyperthyroidism; hypothyroidism; other contraindications to amiodarone,
- Treatment with other Class I or III antiarrhythmic drugs.

Study design

Design

Study phase:	3
Study type:	Interventional
Intervention model:	Parallel
Allocation:	Randomized controlled trial
Masking:	Double blinded (masking used)
Control:	Active
Primary purpose:	Treatment

Recruitment

NL

Recruitment status:	Pending
Start date (anticipated):	01-07-2007
Enrollment:	40
Type:	Anticipated

Medical products/devices used

Product type:	Medicine
Brand name:	Cordarone
Generic name:	Amiodarone
Registration:	Yes - NL intended use
Product type:	Medicine

Brand name:	Multaq
Generic name:	Dronedarone

Ethics review

Approved WMO Date:	26-03-2007
Application type:	First submission
Review commission:	METC Twente (Enschede)
Approved WMO Date:	17-07-2007
Application type:	Amendment
Review commission:	METC Twente (Enschede)

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

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

No registrations found.

In other registers

Register	ID
EudraCT	EUCTR2006-005804-15-NL
CCMO	NL16794.044.07