

## 心不全患者はアミオダロンよりもカテーテルアブレーションの方が経過良好である (Abstract 408-08)

ICDまたはCRT-D治療とカテーテルアブレーションの併用により心不全および心房細動を有する患者の死亡リスクが低下する

ICD or CRT-D treatment plus catheter ablation lowers risk of death in patients with heart failure and atrial fibrillation

心不全および心房細動を有しカテーテルアブレーションを施行された患者は、抗不整脈薬アミオダロンを内服した患者よりも死亡、入院または心房細動再発の確率が低かったとのスタディ結果が第64回American College of Cardiology年次集会で発表された。このスタディは心不全、心房細動を有し植込み型除細動器 (ICD) または両室ペーシング機能付植込み型除細動器 (CRT-D) のいずれかで治療を受けている患者200人余りを対象とした。患者はカテーテルアブレーション施行群またはアミオダロン治療群にランダムに割り付けられた。このスタディにおいて、一次エンドポイントである心房細動再発を2年間の追跡期間中に発症しなかったのはカテーテルアブレーション施行群で71%であったのに対し、アミオダロン治療群ではわずか34%であった。アブレーション施行群の31%が後に入院したのに対し、アミオダロン治療群では57%であった。スタディ期間中に死亡したのはアブレーション施行群の8%に対し、アミオダロン治療群では18%であった。アブレーション術のタイプや範囲は治療成功率に著明な影響を及ぼした。成功率が最も高かったのは他の領域 (肺静脈に加え) も焼灼した症例であった。

### Full Text

Among patients with heart failure and atrial fibrillation, those who underwent catheter ablation were less likely to die, be hospitalized or have recurrent atrial fibrillation than patients taking the antiarrhythmic drug amiodarone, according to a study presented at the American College of Cardiology's 64th Annual Scientific Session.

Catheter ablation was most successful in procedures where ablation was required in other areas in addition to the pulmonary vein, researchers said.

Heart failure and atrial fibrillation often co-occur and are two of the most common heart problems in older adults. In the new study, 71 percent of patients treated with catheter ablation were free of atrial fibrillation, the study's primary endpoint, after two years of follow-up, while only 34 percent of patients who took amiodarone were free of symptoms at that point.

"Even when it is effective, Amiodarone often needs to be discontinued after a while due to serious long-term side effects," said Luigi Di Biase, M.D., Ph.D., a cardiologist and electrophysiologist at St. David's Medical Center and the Albert Einstein College of Medicine at Montefiore Hospital and the study's lead author. "Our study suggests that in patients with heart failure and atrial fibrillation, catheter ablation is an effective alternative treatment that can help patients avoid or discontinue this drug to reduce the risk of these long-term side effects."

The study included just over 200 patients treated in eight European and U.S. hospitals. All patients had heart failure, atrial fibrillation and either an implantable cardioverter defibrillator (ICD) or cardiac resynchronization therapy with defibrillator (CRT-D).

The researchers randomly assigned half of the patients to undergo catheter ablation and half were treated with Amiodarone.

In addition to having a higher rate of freedom from atrial fibrillation, participants who underwent catheter ablation also had lower rates of hospitalization and mortality during the two-year follow up. Thirty-one percent of patients receiving ablation were subsequently hospitalized compared to 57 percent of patients taking amiodarone. Eight percent of patients receiving ablation died during the course of the study compared to 18 percent of patients taking amiodarone.

Di Biase said the type and extent of the ablation procedure had a marked impact on the procedure's success rate.

"If the ablation is limited to the pulmonary vein alone, the success rate goes down—almost to the level of the amiodarone treatment," Di Biase said. "The highest success rates were for procedures in which other areas (in addition to the pulmonary vein) were ablated."

The specific areas that benefit from additional ablation depend on each patient's individual condition. In addition, many patients in the study required more than one ablation procedure to achieve freedom from atrial fibrillation.

Di Biase said another limitation of the study is that not all hospitals have the experience and equipment necessary to properly perform catheter ablation. As a result, the advantage of ablation over amiodarone might not be as dramatic outside of top-tier hospitals. Further research would help to track the procedure's effectiveness in a broader variety of circumstances.

There was no external funding for this study.

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