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Risk Factors for Adverse Events During Outpatient Antiarrhythmic Drug Initiation: Implications for Establishing Protocols

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Background

- Atrial fibrillation (AF) management guidelines highlight the importance of early rhythm control initiation
- Effective antiarrhythmic drugs (AAD) like sotalol and dofetilide require inpatient monitoring due to risks of QT prolongation and ventricular arrhythmias (VA), such as Torsades de Pointes (TdP)
- Despite interest in outpatient initiation to improve treatment access and reduce hospitalization, adverse events (AE) are not well understood

Objective: Assess AAD-induced AEs

Methods

Data collected from AF patients admitted for AAD initiation at a large academic center: Jul 2022 - Apr 2023

> Demographics, AF characteristics, and QTc measurements data were extracted

> > AEs included dose changes or discontinuation from prolonged QTc or VA



Adverse events (QTc prolongation and TdP) were associated with deviated from manufacturer recommended labeling.

AF patients, n=60

Female: n=16, Male: n=44 **Baseline QTc**: 449.10 ± 32.49 ms **CrCI**: 85.10 ± 27.72 ml/min

Dofetilide: n=57 (95%) **Sotalol**: n=3 (5%)

Uneventful drug load

n=37 **(62%)**

Dofetilide: n=34 (56%) **Sotalol**: n=3 (5%)

Baseline QTc: 442.59 ± 33.20 ms **CrCl:** 84.95 ± 30.41 ml/min

p = 0.036

patients who had <u>baseline QTc > 500 ms</u>, or when drug dosing

Antiarrhythmic Drug

Drug discontinuation or dose reduction

n=23 **(38%) Baseline QTc**: 459.57 ± 29.02 ms **CrCI**: 85.33 ± 23.39 ml/min

p = 0.048

Ventricular arrhythmia

VT: n=2 (3.3%) **TdP**: n=1 (1.7%) Baseline QTc: <u>485.67 ± 29.02</u> ms **CrCI**: 89.07 ± 18.31 ml/min

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Results

Overall Patient Status:

AF patients (n=60) were admitted for AAD loading with 71.67% (n=43) having AF Initiated 57 with dofetilide, 3 with sotalol • Twenty-seven (45%) met baseline QTc criteria $(mean of 449.10 \pm 32.49 ms)$

Mean CHA2DS2-VASc score was 2.64 ± 1.17 Mean CrCl was 85.10 ± 27.72 ml/min

Patients with AEs (n=23):

• 5 were female

• 16 had congestive heart failure

• 15 had baseline QTc (459.57 ± 29.02ms)

contraindicated for dofetilide (> 440 ms)

5 had baseline QTc > 500 ms

Ventricular Arrythmias (n=3):

All 3/3 were contraindicated to start AAD based on baseline QTc

• Two had dose reductions due to ventricular ectopy One required AAD discontinuation due to TdP Most significant QTc difference between uneventful and ventricular arrhythmia groups (p = 0.036)

What does this mean?

 Analysis of inpatient AAD loading supports clear **QTc thresholds associated with uneventful** drug loads versus adverse events, which is important for guiding outpatient protocols

 Adherence to manufacturer guidelines is crucial for <u>safe</u> outpatient protocol development

Disclosures