

# Feasibility of Outpatient Antiarrhythmic Drug Initiation in Patients with Atrial Fibrillation

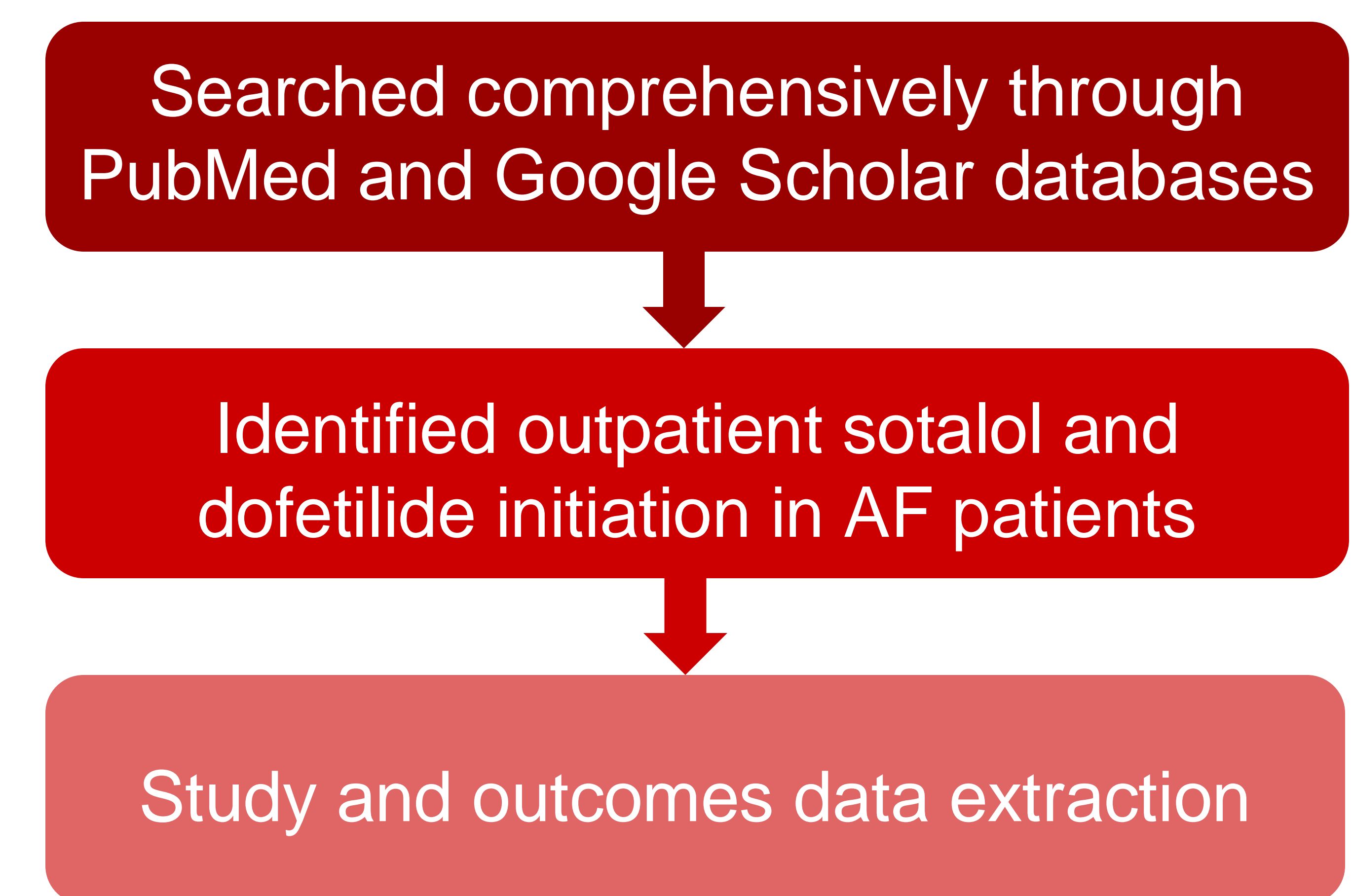
RACHITA NAVARA MD FACC FHRS<sup>1,2</sup>, DOUGLAS CORSI MD<sup>3</sup>, BISHOW PAUDEL MBBS<sup>4</sup>, YULANIA WANG<sup>2</sup>, KUNJ PATEL MD MSc<sup>2,5</sup>

<sup>1</sup>University of California San Francisco, San Francisco, CA, <sup>2</sup>Safebeat Rx, San Francisco, CA, <sup>3</sup>Rutgers Robert Wood Johnson Medical School, New Brunswick, NJ, <sup>4</sup>University of Virginia, Division of Cardiovascular Medicine, Charlottesville, VA, <sup>5</sup>St. Mary's Hospital, San Francisco, CA

## Background

- Atrial fibrillation (AF) is the *most common* arrhythmia worldwide
- Some antiarrhythmic drugs (AAD) like **sotalol** or **dofetilide** are used in hospitals to monitor proarrhythmic effects
- **Hospitalization poses challenges** to patients and physicians, making remote AAD initiation an attractive alternative
- Advancements in cardiac monitoring may *promote safe remote AAD initiation*

## Methods



## Commercially available cardiac monitoring devices used to support safe outpatient antiarrhythmic drug initiation

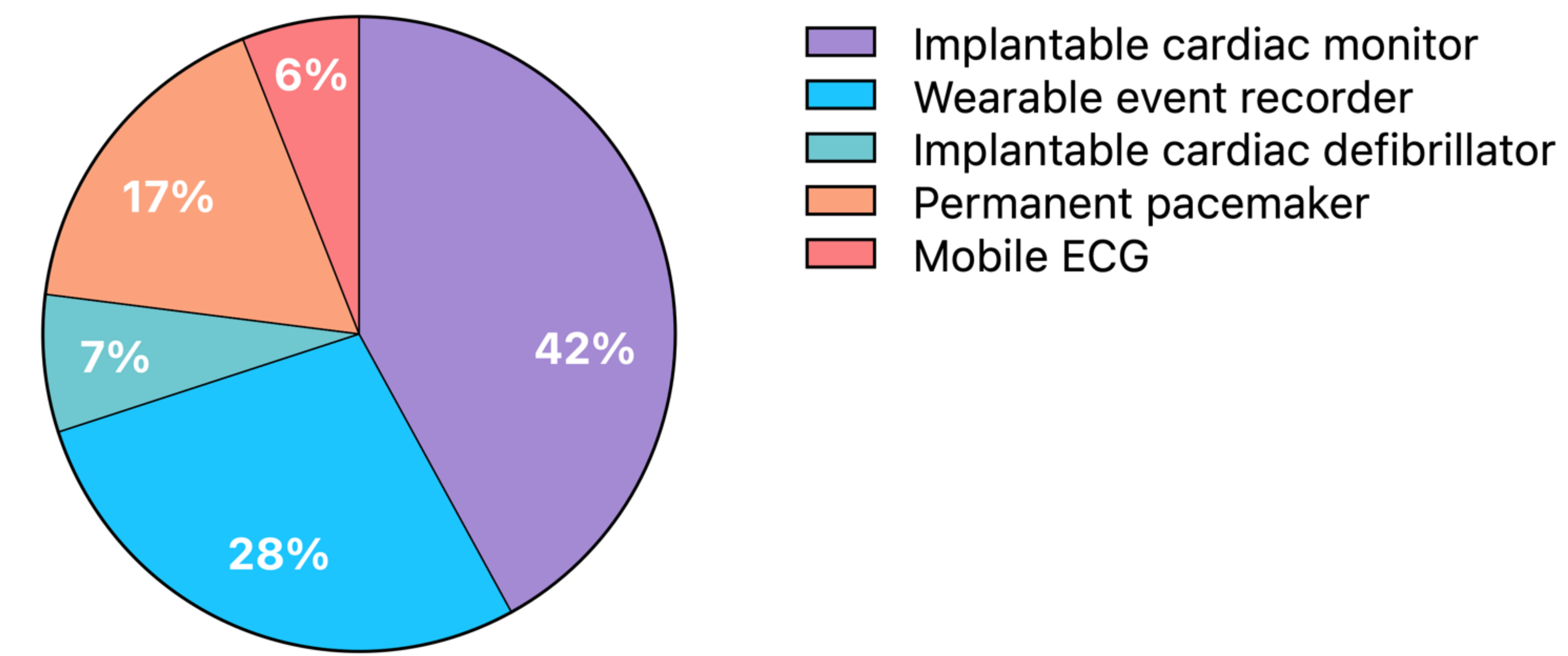
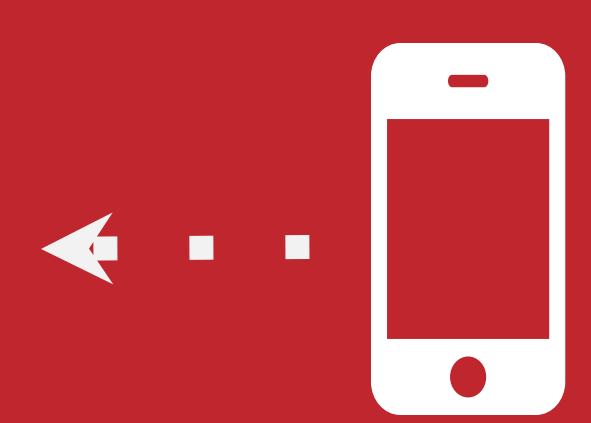


Figure 1: Cardiac monitoring devices (n=204) used in the identified research studies.

No ventricular arrhythmias reported

78% of patients achieved sustained pharmacologic cardioversion

No ventricular arrhythmias reported (e.g. TdP)



Scan to learn more

## Results

- **Five studies** with **204 patients** were identified that met the inclusion criteria
- The most popular cardiac monitors were **implantable loop recorders** with 87 individuals (42%) and **continuous event loop recorders** with 57 individuals (28%)
- **87 individuals (43%)** had **continuous monitoring** for up to 8 hours
- **177 individuals (57%)** were **monitored intermittently**, with a second scheduled ECG transmission in the second hour following a dose
- **Successful initiation** of AAD was defined as *pharmacological cardioversion to sinus rhythm without adverse events*
- **No ventricular arrhythmias were observed**

## Conclusion

- Outpatient AAD is **feasible** with utilization of commercially available devices
- *Lack of ventricular arrhythmia* occurrence supports potential for outpatient AAD to safely and effectively manage AF, likely *minimizing need for costly hospitalization*
- Future studies need to evaluate the use and optimize the management of cardiac devices in outpatient AF monitoring in order to reduce overall health costs

## Disclosures

This work is supported by the National Heart, Lung, and Blood Institute (NHLBI) of the National Institutes of Health (NIH) under award number R44HL167294.  
**R. Navara** and **K. Patel** have received equity compensation and are employed by SafeBeat Rx Inc.  
This research includes reviews of off-label and investigational use of Sotalol and Dofetilide.