Table 6: Rate versus rhythm in atrial fibrillation

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Table 6. ATHENA and PALLAS clinical trial summaries

TRIAL	PATIENTS INCLUDED	INTERVENTION AND COMPARATOR	OUTCOMES	BOTTOM LINE
ATHENA,[20] 2009	N = 4628 Inclusion criteria: paroxysmal or persistent AF with ≥ 1 of the following: -age > 70 y -arterial HTN with therapy of ≥ 2 antihypertensives -DM -previous stroke or TIA -systemic embolism -left atrial diameter > 50 mm -LVEF < 40% NOTE: patients appeared to be at lower risk than those in other dronedarone studies	Intervention: dronedarone 400 mg BID Comparator: placebo	Primary outcome: significant decrease in first hospitalization due to CV events or death with dronedarone (HR 0.76, 95% CI 0.69-0.84, *P* < .001) Secondary outcomes: no difference in death from any cause -significant decrease in death from CV causes with dronedarone (*P* = .03) -significant decrease in hospitalizations due to CV causes with dronedarone (*P* < .001) Safety: More adverse events in the dronedarone group (bradycardia, QT prolongation, nausea, diarrhea, rash, and increased creatinine)	In a lower-CV-risk patient group with paroxysmal or persistent AF, dronedarone decreases hospitalizations due to CV events or death
PALLAS,[21] 2011	N = 3236 NOTE: trial stopped early owing to safety concerns (originally designed to recruit 10 800 patients) Inclusion criteria: permanent AF documented by ECG ≥ 6 mo earlier and 14 d before randomization with no plan to restore sinus rhythm, age ≥ 65 y, and ≥ 1 of the following: -CAD -previous stroke or TIA -symptomatic HF (NYHA class II or III) -LVEF ≤ 40% -peripheral arterial disease or the combination of age ≥ 75 y with HTN and DM	Intervention: dronedarone 400 mg BID Comparator: placebo	First coprimary outcome: statistically significant (*P* = .002) increased risk of a composite of stroke, MI, systemic embolism, or death from CV causes with dronedarone (NNH = 68*) Second coprimary outcome: statistically significant (*P* < .001) increased risk of unplanned hospitalization for a CV cause or death (NNH = 27*) Secondary outcomes: Risk increased significantly (*P* < .05) with dronedarone -death from CV causes (NNH = 147*) -death from arrhythmia (NNH = 167*) -any stroke (NNH = 125*) -unplanned hospitalization for CV causes (NNH = 30*) -hospitalization for HF (NNH = 85*) -HF episode or hospitalization (NNH = 27*) Safety: adverse events significantly increased with dronedarone	In a high-risk population with permanent AF, dronedarone should NOT be added to standard therapy owing to increased risk of adverse outcomes such as CV death, stroke, and HF

AF—atrial fibrillation, BID—twice daily, CAD—coronary artery disease, CV—cardiovascular, DM—diabetes mellitus, ECG—electrocardiogram, HF—heart failure, HR—hazard ratio, HTN—hypertension, LVEF—left ventricular ejection fraction, MI—myocardial infarction, NNH—number needed to harm, NYHA—New York Heart Association, TIA—transient ischemic attack.
*Based on a mean follow-up of 3.5 mo because the trial was stopped early.