

**Ranolazine accelerates termination of recent-onset
fibrillation when added to amiodarone:
A single-center clinical study**

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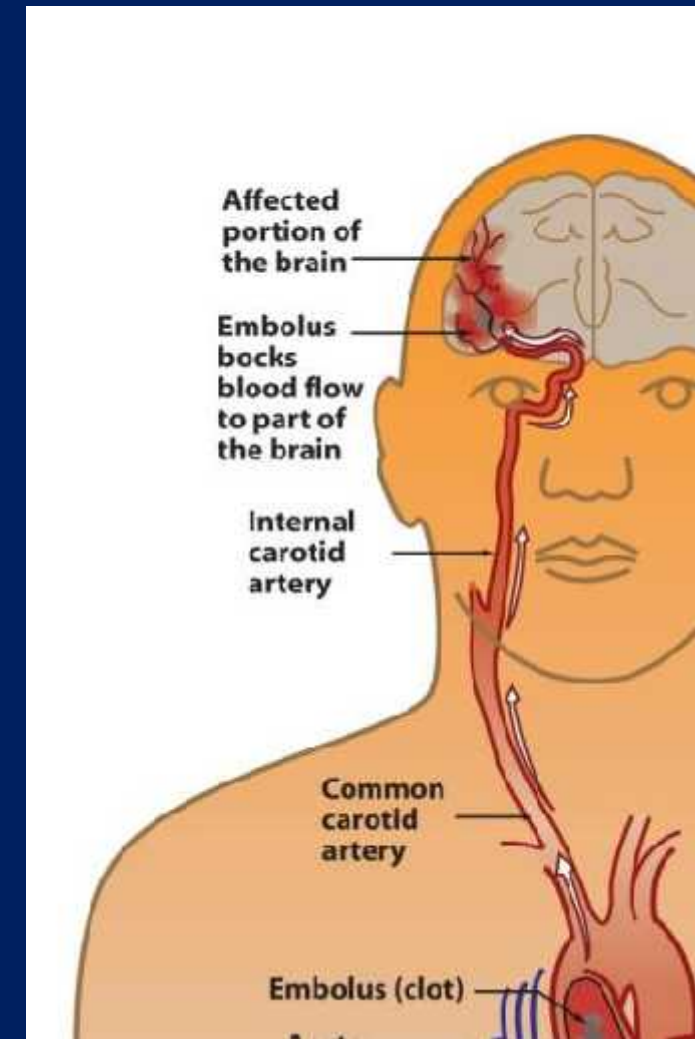
No conflict of interest disclosure

Background

- AF is the most common sustained cardiac arrhythmia
- 6.8 Million patients have AF in the EU and the US
- AF prevalence is expected to increase by ≥ 2.5 fold by 2050 in the US
- The lifetime risks for development of AF is 1 in 5 patients ≥ 40 years and this risk remains high (10-15%)

AF is an Independent Risk Factor for Stroke

- AF patients have a near 5-fold increased risk of stroke¹
- 1 in every 6 strokes occurs in a patient with AF²
- Ischemic stroke associated with AF is typically more severe than stroke due to other etiologies³



AF May Have a Significant Impact on Quality of Life

- ▣ Paroxysmal AF has a significant impact on patient QoL independent of frequency or duration of symptoms^{1,2}
 - Two-thirds of patients reported their symptoms were more disruptive to their lives¹
 - These patients could not be distinguished from those that had no disruption based on the incidence or duration of symptoms
- ▣ Impairment in QoL seen with AF is similar to that in CHF after angioplasty³
- ▣ One-third of AF patients experience anxiety or depression symptoms

AF May Present with a Wide Range of Symptoms

**LIGHT-
HEADEDNESS**

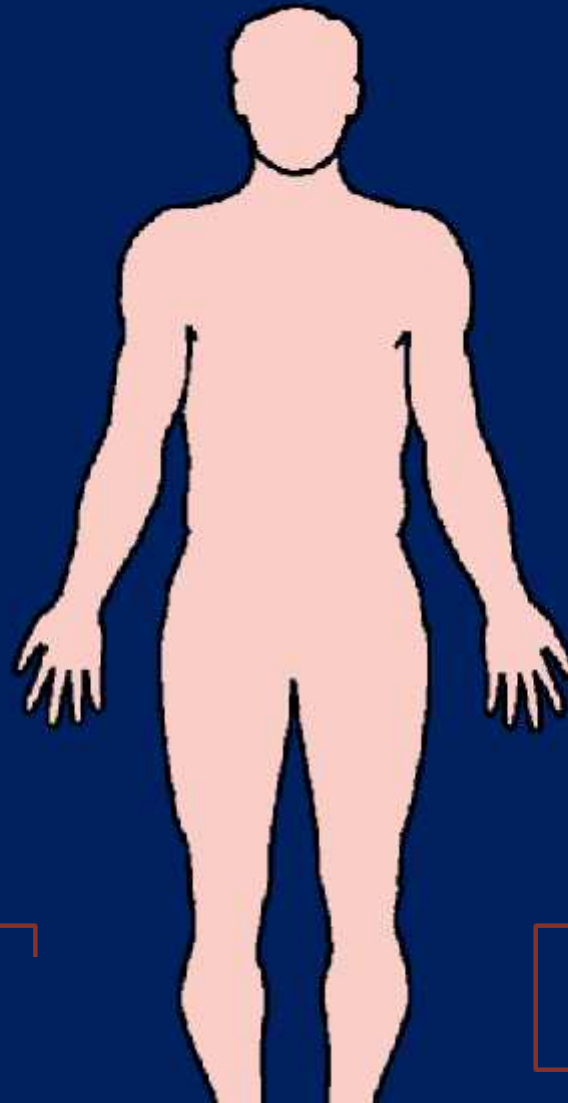
PALPITATIONS

SYNCOPE

DYSPNEA

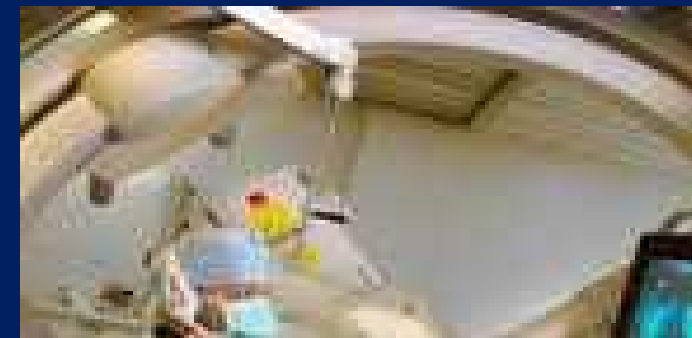
FATIGUE

CHEST PAIN





Various treatment strategies



Benefits of Currently Available AADs Might be Offset by Side Effects

- Most AADs have been shown to be 50–65% effective in normal SR over 6 to 12-months
- Serious adverse events associated w/ AADs may include
 - Proarrhythmias (e.g. TdP)
 - CHF
 - Organ toxicity
 - Neurotoxicity
 - Pulmonary toxicity
 - Hepatic toxicity
 - Optic neuropathy
 - Thyroid abnormalities