

# Clinical trials of rate control for atrial fibrillation in all type of patients

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## 1 rate control

Trial	Treatments	Patients	Trials design and methods
<b>rate control vs electrical cardioversion</b>			
<b>Hot cafe (rate vs rythm control) , 2004</b> n=101/104 follow-up: 1.7 y	rate control (beta-blockers, digitalis, calcium antagonists or atrioventricular node ablation/modification with or without pacemaker implantation versus Cardioverted using internal or external cardioversion and then given prophylactic anti-arrhythmic drugs	patients with persistent atrial fibrillation	Parallel groups open
<b>RACE (rate vs rythm control) , 2002</b> n=256/266 follow-up: 2.3 y	Rate control (rate slowing medication and anticoagulation versus Rhythm control: serial cardioversions and antiarrhythmic drugs and oral anticoagulantsio	patients with persistent atrial fibrillation after a previous electrical cardioversionio	Parallel groups open
<b>STAF (rate vs rythm control) , 2003</b> n=100/100 follow-up: 1.6 y	rate control and anticoagulants (or antithrombotics) versus Direct current cardioversion with drugs to maintain sinus rhythm	patients with persistent atrial fibrillation	Parallel groups open
<b>rate control vs pharmacological cardioversion</b>			
<b>AFFIRM (rate vs rythm control) , 2002</b> [NCT00000556] n=2027/2033 follow-up: mean 3.5y	necessaryrate control - beta-blockers, calcium-channel blockers, digoxin or combination of these drug. versus rhythm control - the antiarrhythmic drugs used included amiodarone, disopyramide, flecainide, moricizine, procainamide, propafenone, quinidine, sotalol, dofetilide or combinations chosen by the treating physician. cardioversion could be employed if necess	patients with recurrent atrial fibrillation and who were at least 65 years of age or who had other risk factors for stroke or death	Parallel groups open

continued...

Trial	Treatments	Patients	Trials design and methods
<b>PIAF (rate vs rythm control) , 2000</b> n=125/127 follow-up: 12 months	rate control - diltiazem90mg BD/TDS and additional therapy at the discretion of the treating physicianall patients were anticoagulated throughout the study period versus rhythm control - amiodarone (600mg for 3 weeks, 200mg maintenance) for pharmacological cardioversion followed if necessary by electrical cardioversion	patients with with chronic atrial fibrillation	Parallel groups open
<b>AF-CHF (rate vs rythm control) , 2002</b> [NCT00597077] n=694/682 follow-up: 37 months	control of the ventricular rate (rate control) versus maintenance of sinus rhythm (rhythm control)	patients with a left ventricular ejection fraction of 35% or less, symptoms of congestive heart failure, and a history of atrial fibrillation	Parallel groups open
<b>lenient rate control vs strict rate control</b>			
<b>RACE II , 2010</b> [NCT00392613] n=311/303 follow-up: 3 y	lenient rate control (target resting HR <110 bpm) versus strict rate control(target resting HR <80 bpm, and <110 bpm with moderate exercise)	patients with permanent atrial fibrillation	Parallel groups open the Netherlands

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## 2 About TrialResults-center.org

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Rigorous meta-analysis method is used to populate TrialResults-center: widespread search of published and non published trials, study selection using pre-specified criteria, data extraction using standard form.

TrialResults-center is continually updated on a weekly basis. We continually search all new results (whatever their publication channel) and these news results are immediately added to the database with a maximum of 1 week.

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