

Arrhythmias and Clinical EP

COLCHICINE FOR PREVENTION OF POST-PROCEDURAL ATRIAL FIBRILLATION: A META-ANALYSIS

Poster Contributions Poster Hall B1 Sunday, March 15, 2015, 9:45 a.m.-10:30 a.m.

Session Title: What Constitutes Anti Arrhythmic Therapy for Atrial Fibrillation?

Abstract Category: 4. Arrhythmias and Clinical EP: AF/SVT

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Background: Pro-inflammatory processes induced during invasive cardiac procedures may contribute towards post-procedural atrial fibrillation. Colchicine is a potent anti-inflammatory agent, which may have a role in post-procedural atrial fibrillation prevention. This meta-analysis aims to assess the role of colchicine in post-procedural prevention of atrial fibrillation.

Methods: We searched PubMed, EMBASE, Web of science and the Cochrane Central Register of Controlled Trials databases for randomized controlled trials (RCT) comparing colchicine versus placebo for prevention of post-procedural atrial fibrillation. Our main outcome was the occurrence of atrial fibrillation within 1 to 3 months post procedure, which included cardiac surgery or pulmonary vein isolation. The overall risk ratio (RR) for the development of post-procedural atrial fibrillation was computed using a random-effects model.

Results: Data analyzed from 5 randomized studies with a total of 1,369 patients, 641 patients received colchicine and 638 patients received placebo, showed that colchicine therapy was associated with a reduction of post-procedural atrial fibrillation (MH-RR=0.63, 95% CI: 0.51-0.78, p<0.0001).

Conclusion: Colchicine therapy leads to a significant reduction in post-procedural atrial fibrillation, and may be considered as adjunctive prophylaxis.

