Comparison of elective early direct current (DC) cardioversion vs oral amiodarone in the treatment for new post-operative atrial fibrillation in patients undergoing coronary artery bypass grafting (CABG): a prospective randomised controlled study

Submission date	Recruitment status	Prospectively registered
30/09/2004	No longer recruiting	Protocol
Registration date	Overall study status	Statistical analysis plan
30/09/2004	Completed	Results
Last Edited	Condition category	Individual participant data
14/11/2014	Circulatory System	[] Record updated in last year

Plain English summary of protocolNot provided at time of registration

Contact information

Type(s)

Scientific

Contact name

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Contact details

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Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers N0054123058

Study information

Scientific Title

Study objectives

Elective DC cardioversion is one of the modalities of treating new atrial fibrillation. The procedure is deemed relatively safe, and immediately effective in most instances. However, there have been few studies comparing the results of early elective DC cardioversion with the results of the use of anti-arrhythmic drugs only as primary modalities of treatment for this condition, and the implications this may have on the incidence of heamodynamic compromise, thrombo-embolic events and hospital stay. The results of this study will help us in making the choice about the safest, quickest and most appropriate modality of treatment for these patients, and this would have favourable implications on patient outcome and duration of hospital stay.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Not provided at time of registration

Study design

Randomised controlled trial

Primary study design

Interventional

Secondary study design

Randomised controlled trial

Study setting(s)

Not specified

Study type(s)

Treatment

Participant information sheet

Health condition(s) or problem(s) studied

Cardiovascular: Atrial fibrillation (AF)

Interventions

First time CABG patients who develop atrial fibrillation in the post-operative period following discharge from intensive care will be randomly assigned to one of two groups. Group one will be administered oral amiodarone and group two will receive DC cardioversion in addition to oral amiodarone. Daily electrocardiogram (ECG) will document heart rhythm. A blinded independent researcher will interpret the ECG on the day of discharge.

Intervention Type

Other

Phase

Not Applicable

Primary outcome measure

Patient's cardiac rhythm at discharge

Secondary outcome measures

- 1. Duration between onset of atrial fibrillation and reversion to sinus rhythm
- 2. Duration of hospital stay
- 3. Patient's rhythm on outpatient follow-up at 6 weeks postoperatively

Overall study start date

08/05/2003

Completion date

01/05/2005

Eligibility

Key inclusion criteria

400 first time CABG patients who develop atrial fibrillation in the post-operative period following discharge from intensive care will be randomly assigned to one of two groups.

Participant type(s)

Patient

Age group

Not Specified

Sex

Not Specified

Target number of participants

400

Key exclusion criteria

Not provided at time of registration

Date of first enrolment

08/05/2003

Date of final enrolment

01/05/2005

Locations

Countries of recruitment

England

United Kingdom

Study participating centre Department of Cardiac Surgery

Liverpool United Kingdom L14 3PE

Sponsor information

Organisation

Department of Health

Sponsor details

Richmond House 79 Whitehall London United Kingdom SW1A 2NL

Sponsor type

Government

Website

http://www.dh.gov.uk/Home/fs/en

Funder(s)

Funder type

Government

Funder Name

The Cardiothoracic Centre Liverpool NHS Trust (UK)

Results and Publications

Publication and dissemination planNot provided at time of registration

Intention to publish date

Individual participant data (IPD) sharing plan

IPD sharing plan summaryNot provided at time of registration