

PACU LITERATURE REVIEW

REFERENCE

Hasbrouck M, Nguyen TT. Acute management of atrial fibrillation in congestive heart failure with reduced ejection fraction in the emergency department. Am J Emerg Med. 2022 Apr 6;58:39-42.

PMID: 35623182.

SUMMARY

In HFrEF patients with AF, there was no difference in total adverse events in patients treated with IV diltiazem compared to metoprolol. However, the diltiazem group had a higher incidence of worsening CHF symptoms defined as increased oxygen requirement within four hours or initiation of inotropic support within 48 h.

STUDY OBJECTIVE

 To compare the incidence of adverse effects in the HFrEF patient population whose AF with RVR was treated with IV diltiazem or metoprolol in the ED.

STUDY DESIGN

 Single center, retrospective review included patients ≥18 years old with HFrEF who presented in AF with RVR and received IV diltiazem or metoprolol in the ED.

STUDY INTERVENTION & COMPARISON

IV diltiazem or metoprolol

RESULTS

Primary Outcome

 Overall adverse effects for diltiazem and metoprolol were similar (32% vs. 21%, P = 0.217).

Secondary Outcomes

- Significantly higher incidence of worsening heart failure symptoms within the diltiazem group (33% vs 15%, P = 0.019)
- Rate control failure at 60 min did not differ significantly between diltiazem and metoprolol (51% vs 62%, P = 0.277).

ADDITIONAL READINGS
 Jandali M.B.: Safety of intravenous diltiazem in reduced ejection fraction heart failure with rapid atrial fibrillation. Clin Drug Investig 2018; 38: pp. 503-508.

- Hirschy R., Ackerbauer K.A., Peksa G.D., O'Donnell E.P., DeMott J.M.: Metoprolol vs. diltiazem in the acute management of atrial fibrillation in patients with heart failure with reduced ejection fraction. Am J Emerg Med 2019; 37: pp. 80-84.
- Demircan C., Cikriklar H.I., Engindeniz Z., et. al.: Comparison of the effectiveness of intravenous diltiazem and metoprolol in the management of rapid ventricular rate in atrial fibrillation. Emerg Med J 2005; 22: pp. 411-414.
- Kotecha D., Piccini J.P.: Atrial fibrillation in heart failure: what should we do?. Eur Heart J 2015; 36: pp. 3250-3257.