



Effective Health Care Discontinuing Warfarin After Atrial Fibrillation Ablation Nomination Summary Document

Results of Topic Selection Process & Next Steps

- Discontinuing warfarin after atrial fibrillation ablation was found to be addressed by two in-process Effective Health Care (EHC) Program reviews. Given that the in-process reviews cover this nomination, no further activity will be undertaken on this topic.
 - *Stroke Prevention in Atrial Fibrillation*. To view a description and status of the research review, please go to: <http://www.effectivehealthcare.ahrq.gov/index.cfm/search-for-guides-reviews-and-reports/>
 - *Treatment of Atrial Fibrillation*. To view a description and status of the research review, please go to: <http://www.effectivehealthcare.ahrq.gov/index.cfm/search-for-guides-reviews-and-reports/>
- To sign up for notification when this and other EHC Program topics are posted, please go to: <http://effectivehealthcare.ahrq.gov/index.cfm/join-the-email-list1/>

Topic Description

Nominator: Organization

Nomination Summary: The nominator questions whether there is evidence supporting the discontinuance of warfarin after catheter ablation and the prevalence of symptomatic or asymptomatic atrial fibrillation (AF) after catheter ablation.

Staff-Generated PICO:

Population(s): AF patients who have undergone catheter ablation; subgroups by CHADS2 score, including comorbidities (congestive heart failure), hypertension, age > 75 years, diabetes mellitus, stroke

Intervention(s): Immediate discontinuation of warfarin following catheter ablation

Comparator(s): Staying on warfarin after ablation (3 months); staying on warfarin after ablation (indefinitely)

Outcome(s): Maintenance of sinus rhythm, recurrence of AF, all-cause mortality, bleeding, major vascular events, stroke, transient ischemic attacks, quality of life

Key Questions from Nominator:

1. Are there data supporting the discontinuance of warfarin after catheter ablation for atrial fibrillation?
2. What is the prevalence of symptomatic and asymptomatic atrial fibrillation after catheter ablation?

Considerations

- The topic meets EHC Program appropriateness and importance criteria. (For more information, see <http://effectivehealthcare.ahrq.gov/index.cfm/submit-a-suggestion-for-research/how-are-research-topics-chosen/>.)

- Topic was found to be addressed by two in-process AHRQ reviews.

- *Stroke Prevention in Atrial Fibrillation*. Key questions from this report include:

KQ 1: In patients with nonvalvular AF, what are the comparative diagnostic accuracy and impact on clinical decisionmaking (diagnostic thinking, therapeutic efficacy, and patient outcome efficacy) of available clinical and imaging tools for predicting thromboembolic risk?

KQ 2: In patients with nonvalvular AF, what are the comparative diagnostic accuracy and impact on clinical decisionmaking (diagnostic thinking, therapeutic efficacy, and patient outcome efficacy) of clinical tools and associated risk factors for predicting bleeding events?

KQ 3: What are the comparative safety and effectiveness of specific anticoagulation therapies, antiplatelet therapies, and procedural interventions for preventing thromboembolic events:

In patients with nonvalvular AF?

In specific subpopulations of patients with nonvalvular AF?

KQ 4: What are the comparative safety and effectiveness of available strategies for anticoagulation in patients with nonvalvular AF who are undergoing invasive procedures?

KQ 5: What are the comparative safety and effectiveness of available strategies for switching between warfarin and other novel oral anticoagulants, in patients with nonvalvular AF?

KQ 6: What are the comparative safety and effectiveness of available strategies for resuming anticoagulation therapy or performing a procedural intervention as a stroke prevention strategy following a hemorrhagic event (stroke, major bleed, or minor bleed) in patients with nonvalvular AF?

- *Treatment of Atrial Fibrillation*. Key questions from this report include:

KQ 1: What are the comparative safety and effectiveness of pharmacological agents used for ventricular rate control in patients with AF? Do the comparative safety and effectiveness of these therapies differ among specific patient subgroups of interest?

KQ 2: What are the comparative safety and effectiveness of a strict rate-control strategy versus a more lenient rate-control strategy in patients with AF? Do the comparative safety and effectiveness of these therapies differ among specific patient subgroups of interest?

KQ 3: What are the comparative safety and effectiveness of newer procedural and other nonpharmacological rate-control therapies compared with pharmacological agents in patients with AF who have failed initial pharmacotherapy? Do the comparative safety and effectiveness of these therapies differ among specific patient subgroups of interest?

KQ 4: What are the comparative safety and effectiveness of available antiarrhythmic agents and electrical cardioversion for conversion of AF to sinus rhythm? Do the comparative safety and effectiveness of these therapies differ among specific patient subgroups of interest?

KQ 5: What are the comparative safety and effectiveness of newer procedural rhythm-control therapies, other nonpharmacological rhythm-control therapies, and pharmacological agents (either separately or in combination with each other) for maintenance of sinus rhythm in patients with AF? Do the comparative safety and effectiveness of these therapies differ among specific patient subgroups of interest?

KQ 6: What are the comparative diagnostic accuracy, diagnostic thinking, therapeutic, and patient outcome efficacy of echocardiographic studies and other clinical parameters for predicting successful conversion, successful ablation, successful maintenance of sinus rhythm, and improved outcomes in patients with AF?

KQ 7: What are the comparative safety and effectiveness of rhythm-control therapies compared to rate-control therapies in patients with AF? Does the comparative safety and effectiveness of these therapies differ among specific patient subgroups of interest?