Letter to the Editor

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Prospective randomized study comparing amiodarone vs. amiodarone plus losartan vs. amiodarone plus perindopril for the prevention of atrial fibrillation recurrence in patients with lone paroxysmal atrial fibrillation: reply

We are thankful to Kanna et al. for their interest in our study.1 The allocation sequence in our study was generated by serially placing patients into each of the three treatment groups. As noted in the ‘study limitations’ section of our paper, careful attention was paid to maintain a strict protocol through the entire enrolment period to avoid any bias introduced by the investigators. To further limit the bias, only one investigator (Y.Y.) was in charge of allocating the patients into the treatment groups. Moreover, as shown in our paper, the results were not altered after adjusting for possible confounders using the Cox proportional hazard model. With respect to the effect size, we agree with Kanna et al. that the event rate based on observational studies may overestimate the observed event rate, and our study may have been underpowered to detect the observed treatment effects associated with losartan and perindopril. However, our limited resources did not allow for further enrolment beyond our predetermined sample size.

Our study suggests that adding losartan or perindopril to amiodarone has a beneficial effect in preventing recurrence of atrial fibrillation (AF) in patients with lone paroxysmal AF. It is also the first clinical trial comparing the efficacy of losartan and perindopril in the prevention of AF recurrence in this group of patients. We believe that our findings are of considerable importance to the existing literature on the management of AF. This study provides a strong platform for conducting large-scale randomized trials and will make an important contribution to meta-analyses assessing the role of angiotensin-converting enzyme inhibitors and angiotensin receptor blockers in the treatment of this most common sustained arrhythmia.2,3

References

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