ATRIAL FIBRILLATION STRICT RATE CONTROL UNNECESSARY IN AF?

Adverse cardiac remodeling does not occur to any greater extent with a strategy of lenient heart rate control than with strict rate control in patients with permanent atrial fibrillation (AF). However, female sex is independently associated with cardiac remodeling in this group of patients. These findings from the RACE II trial have been published in the *Journal of the American College of Cardiology*.

“Rate control is [the] therapy of choice in many patients with AF since RACE and AFFIRM; however, the optimal heart rate during AF was unknown,” explains RACE investigator Dr Isabelle Van Gelder. A previous analysis of data from the RACE II study showed no differences between lenient and strict rate control in the incidence of cardiovascular events. The noninferiority of lenient rate control has now also been demonstrated in terms of cardiac remodeling.

This randomized, controlled, multicenter trial was conducted in the Netherlands. Patients with permanent AF of ≤ 12 months duration were enrolled and treated with negative dromotropic agents until the target heart rate was achieved (lenient < 110 bpm, $n = 261$; strict < 80 bpm, $n = 256$). No significant changes in echocardiographic measures of cardiac structure from baseline were seen in either of the groups, or between the groups. Multivariable analysis showed that female sex was an independent predictor of increases in left atrial size and volume, and ventricular end-diastolic diameter. In addition, therapeutic inhibition of the renin–angiotensin–aldosterone system was associated with beneficial reverse cardiac remodeling.

The results of RACE indicate that rate control to < 80 bpm is not necessary to prevent cardiac events and remodeling in AF, and “a lenient rate control strategy has now been incorporated in all (American and European) guidelines,” concludes Dr Van Gelder.

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Original article Smit, M. D. *et al.* Effect of lenient versus strict rate control on cardiac remodeling in patients with atrial fibrillation. Data of the RACE II (RAte Control Efficacy in permanent atrial fibrillation II) study. *J. Am. Coll. Cardiol.* 58, 942–949 (2011)