ATRIAL FIBRILLATION AF MANAGEMENT— SAFETY FIRST?

Patients who receive a course of home-based management tailored for atrial fibrillation (AF) have fewer days in hospital compared with those receiving standard therapy according to investigators presenting their findings at the AHA Scientific Sessions 2014 in Chicago, IL, USA. The results of the standard versus atrial fibrillation-specific management strategy (SAFETY) study were published in *The Lancet*.

Patients with AF were randomly assigned to receive standard management ($n=167$) or a course of nurse-led SAFETY intervention ($n=168$). Those individuals who received SAFETY had a home visit from a cardiac nurse who assessed the patient's overall clinical need and ability to self-care, and Holter monitoring within 7–14 days of hospital discharge. The assessment was then reported back to the individual's medical team. Subsequent therapy was tailored to each patient.

The SAFETY intervention had no significant effect on death or unplanned readmission to hospital (the co-primary outcome measured in this trial) compared with standard therapy (76% versus 82%; HR 0.97, 95% CI 0.76–1.23). However, “we found that patients in the intervention group had proportionally more days alive and out of hospital ... compared to patients who received standard management,” highlights Simon Stewart from the Australian Catholic University in Melbourne, Australia, who led the study.

After 24 months of follow-up, patients who received SAFETY had fewer days in hospital after readmission compared with those receiving standard therapy (median length of stay per admission 2.8 versus 3.6 days; $P=0.035$). Similarly, those who were admitted to hospital for a cardiovascular-related reason also had fewer days in hospital (1 versus 2 days; $P=0.018$).

Interestingly, in the first year of the study, more patients in the SAFETY group were readmitted to hospital, but the researchers believe that this outcome was related to increased monitoring by the SAFETY team.

“We are planning a comprehensive economic analysis to determine if this model of care is affordable,” explains Stewart. “Further research is also needed to more extensively understand which specific groups of patients are most likely to benefit from this management programme.”

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Original article Stewart, S. *et al.* Standard versus atrial fibrillation-specific management strategy (SAFETY) to reduce recurrent admission and prolong survival: pragmatic, multicentre, randomised controlled trial. *Lancet* doi:10.1016/S0140-6736(14)61992-9