**MANAGEMENT OF ATRIAL FIBRILLATION BY CANADIAN ELECTROPHYSIOLOGISTS AFTER DISCONTINUATION OF THE PALLAS STUDY**

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Background: Dronedarone is a new class III antiarrhythmic with a proven efficacy and safety profile. However, the recent early discontinuation of the PALLAS study, which randomized patients with permanent atrial fibrillation (AF) to receive either dronedarone or placebo, may have altered Canadian cardiac electrophysiologists’ prescribing behaviour.

Objective: To assess how the early discontinuation of the PALLAS study has impacted the current prescribing habits of Canadian electrophysiologists managing AF. Method: We utilized SurveyMonkey to pose a ten-question survey, which was then submitted to all physician members of the Canadian Heart Rhythm Society.

Results: A total of 66 electrophysiologists responded to the survey. Sixty-eight percent of respondents reported managing at least 20 AF patients per month. Since the ATHENA trial, 92% have prescribed dronedarone and 75% have switched patients from amiodarone to dronedarone. Respondents reported that 36% and 11% of their AF patients were treated with amiodarone and dronedarone, respectively. In addition, 15% of patients are treated with sotalol, 18% with flecainide, 12% with propafenone, and 8% with another agent. Discontinuation of PALLAS affected 71% and 59% of the respondent’s management of permanent and paroxysmal/persistent AF, respectively, while 35% of respondents reported discontinuing dronedarone in at least 50% of their patients taking the drug. Almost 50% of respondents reported feeling somewhat confident in prescribing dronedarone while 32% felt no confidence.

Conclusion: These data suggest that discontinuation of the PALLAS study has led to a large reduction in the use of dronedarone by Canadian electrophysiologists for treatment of paroxysmal, persistent and permanent AF.