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Multaq(R) First-line Option in New 2010 ESC Guidelines for the Management of Atrial Fibrillation

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Paris, August 29, 2010 (ots/PRNewswire) - Sanofi-aventis announced today that the European Society of Cardiology (ESC) 2010 new Guidelines for the Management of Atrial Fibrillation (AF) have been released and recommend that Multaq(R) (dronedarone) should be used for maintenance of sinus rhythm as a first-line treatment option in all patients with paroxysmal and persistent AF (class of recommendation I, level of evidence A) other than those with CHF NYHA class III/IV or unstable CHF NYHA class II (class of recommendation III, level of evidence B).

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Multaq(R) was granted a Class I recommendation, a designation assigned in the guidelines when "there is evidence and/or general agreement that a given procedure/therapy is beneficial, useful, and effective." The Task Force for the Management of Atrial Fibrillation of the ESC recognised the extensive clinical development of Multaq(R), giving it their highest ranking A for level of evidence. Moreover, the guidelines recommend that Multaq(R) may also be used to achieve rate control in non-permanent AF except for patients with NYHA class III - IV or unstable heart failure (class of recommendation IIa, level of evidence B).(1)

Importantly the new guidelines include, for the first time, a statement on the importance of reducing hospitalisation as a key therapeutic goal in the management of AF. They also state that Multaq(R) should be considered in order to reduce cardiovascular hospitalisation in patients with non-permanent AF and cardiovascular risk factors (Class of recommendation IIa, level of evidence B) as well as in patients with AF and stable heart failure (NYHA Class I, II) (Class of recommendation IIa, level of evidence C).(1)

The guidelines do not recommend use of Multaq(R) in patients with NYHA class III and IV or with recently unstable (decompensation within the prior month) NYHA class II heart failure.(1)

"Sanofi-aventis is pleased with this first-line recommendation for Multaq(R) in the AF guidelines which recognises the extensive clinical development for the product as well as the innovative outcome of reducing cardiovascular hospitalisation as demonstrated in the ATHENA trial," said Marc Cluzel, M.D., PhD, Executive Vice President, Research and Development, sanofi-aventis. "Multaq(R) provides symptom control and for the first time for an anti-arrhythmic drug, a long term benefit by reducing the risk of distressing and repeat cardiovascular hospitalisations. AF Hospitalisations represent a significant human and economic burden for patients, healthcare practitioners and payers as recently reported."(2)

More about the Guidelines

ESC Clinical Practice Guidelines are scientifically recognised worldwide as providing practicing physicians with the best possible recommendations on diagnosis, treatment and management of specific topics in cardiology medicine. Guidelines are created and edited under the umbrella of the ESC Board and the Committee for Practice Guidelines (CPG), who form a Task Force of appropriate experts from the ESC Associations, Working Groups, Councils, and National Societies, and from other bodies when required. They are the result of consensus amongst the Task Force appointed to prepare them, and they are peer-reviewed in a thorough and rigorous process that ensures accuracy, best-practice and relevance. Guidelines are available in a variety of printed and electronic media and in multiple formats including full documents, pocket guides and summaries.(1)

About Atrial Fibrillation

The incidence of atrial fibrillation is growing worldwide in relation to aging populations. It is emerging as a public health concern, affects about 4.5 million people in Europe and represents one-third of hospitalizations for arrhythmia in the European Union.(3) Atrial fibrillation leads to potential life-threatening complications. AF increases the risk of stroke up to five-fold (4), worsens the prognosis of patients with cardiovascular risk

factors (5), and doubles the risk of mortality (6) with significant burden on patients, health care providers and payers. Seventy percent of AF management costs are driven by hospital care and interventional procedures in the European Union.(7)

About AF Hospitalisation

AF is associated with high rates of hospitalisation.(3) There are a variety of reasons for AF hospitalisation, including palpitations, initiation of antiarrhythmic therapy, procedures, complications of co-morbid conditions, as well as readmissions related to these causes. There is evidence that the rate of AF-related hospitalisations and associated cost is increasing over time, mainly because of the aging population.(3) In the U.S., hospitalisations for AF were almost three times higher in 2000 compared to two decades earlier.(8) In France, one study found that 31.3 percent of AF patients were hospitalised over a one-year period.(9)

AF is a chronic, progressive disease and cost increases with each recurrence, mainly driven by hospitalisation. The proportion of expenditure for AF treatment attributable to hospitalisation ranges from 44 - 73 percent. (7,10,11,12,13) The total cost burden across five EU countries was approximated at more than 6 billion Euros.(9,12) In the UK, National Health Service spending for AF hospital admissions increased 2.2-fold between 1995 and 2000.(11)

About Multaq(R)

Multaq(R), discovered and developed by sanofi-aventis, has been studied in a clinical development program, including seven international, multicenter, randomized clinical trials involving more than 7000 patients with almost 4000 patients receiving Multaq(R). The landmark ATHENA trial was the largest anti-arrhythmic drug trial conducted in patients with AF/AFL, involving 4,628 patients with a follow-up of 30 months. In this trial, Multaq(R), on top of standard cardiovascular therapy, significantly reduced cardiovascular hospitalization or death by 24 percent (p

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