Treatment satisfaction of internal versus external cardioversion in patients with chronic atrial fibrillation—a randomized, prospective, 28-day follow-up study.

BACKGROUND AND HYPOTHESIS: The use of internal cardioversion (IC) in chronic atrial fibrillation (AF) may be limited by procedure-related distress. This procedure may be efficacious but is not necessarily perceived as satisfactory by the patient because of the frequent procedure-related distress. METHODS: We compared treatment satisfaction in 55 patients with chronic AF referred for cardioversion (CV). Satisfaction with conventional external cardioversion (EC, n = 27) and low-energy IC (n = 28) was compared immediately after the approach and at 28-day follow-up. RESULTS: Four hours after CV, satisfaction scores (ranging from 0 to 7) were higher with EC (mean 6.1 standard deviation [SD] +/- 1.4) versus IC (m = 5.4 SD +/- 1.8) (p = 0.09). At 28 days, treatment satisfaction decreased in EC (m = 5.5 SD +/- 2.1) and increased in the IC group (5.7 SD +/- 1.8) because of a decrease in the trustful attitude subscale (p = 0.026) followed by tolerance for distressing factors (p = 0.059). The analysis of variance for repeated measures revealed a significant time by method interaction effect (p = 0.04). Patients prone to developing low treatment satisfaction (LTS) at follow-up were more anxious (p = 0.007) before treatment. They suffered more from sleeping disorders (p = 0.009) and considered their disease condition to be worse than that in their counterparts (p = 0.027). Low
treatment satisfaction at 28 days was associated with anxiety (p = 0.017), depression (p = 0.01), and the perception of heart-related symptoms (p = 0.001). Multivariate analysis revealed the failure to maintain sinus rhythm (p = 0.001) as the most powerful contributor to LTS. CONCLUSIONS: The novel IC approach causes acute procedure-related distress but has no enduring negative psychological side effects. Despite a greater patient perception of distressing procedure-related factors during IC compared with EC, the IC approach provides a greater 28-day benefit in terms of tolerability and acceptance on the part of the patients. Failure to maintain sinus rhythm rather than the method applied contributes most to LTS.