


Effects of oral sotalol administration before electrical cardioversion of persistent atrial fibrillation

I read with attention the article by Frick et al.[1], that compared, in a randomized controlled trial, the effect of magnesium alone or as an adjuvant to sotalol in the cardioversion of atrial fibrillation and the maintenance of sinus rhythm. I observed that their data can help to elucidate some clinical situations in which the efficacy of oral sotalol has not yet been demonstrated. One is its ability in the pharmacological conversion of atrial fibrillation and another is its effect on the success of electrical cardioversion.

Sotalol has been largely used for the maintenance of sinus rhythm in patients with atrial fibrillation[3-5]. However, the scientific documentation in support of an effect on cardioversion to sinus rhythm is weak. While several studies failed to demonstrate efficacy with sotalol[3-6,11], only one randomized controlled study reported a higher cardioversion rate with intravenous sotalol when compared to digoxin[12]. The difference between sotalol's ability in the maintenance of sinus rhythm and the absence of efficacy in cardioversion to sinus rhythm has been attributed to "reverse rate dependence"[13].

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