

- The AFFIRM trial evaluated a rate control versus a rhythm control strategy in patients with atrial fibrillation in which the subanalysis showed increased mortality for rhythm control strategy in the elderly, coronary disease patients and systolic heart failure patients. Anticoagulation was recommended for all patients.
 - Wyse DG, Waldo AL, DiMarco JP, et al. A comparison of rate control and rhythm control in patients with atrial fibrillation. *N Engl Med.* 2002 Dec 5;347(23):1825-33.
- The ROCKET-AF Trial evaluated rivaroxaban versus warfarin for thromboembolism prophylaxis in patients with non-valvular atrial fibrillation. The primary composite endpoint of stroke and systemic embolization was no different in the two groups (rivaroxaban non-inferior to warfarin). There was decreased intracranial bleeding and fatal bleeding with rivaroxaban. No difference in overall major bleeding.
 - Patel MR, Mahaffey KW, Garg J. Rivaroxaban versus warfarin in nonvalvular atrial fibrillation. *N Engl J Med.* 2011;365(10):883-91.
- The SCD-HEFT trial evaluated implantable cardioverter defibrillators (ICDs) versus amiodarone versus placebo in patients with NYHA functional class II or III systolic heart failure with EF < 35%. ICD implantation reduced mortality with a relative risk reduction of 23%. Amiodarone had no mortality benefit
 - Bardy GH, Lee KL, Mark DB, et al. Amiodarone or an implantable cardioverter-defibrillator for congestive heart failure. *N Engl J Med.* 2005;352(3):225-37.