## FORWARD

## Omega-3 Fatty Acids for the Prevention of Recurrent Symptomatic Atrial Fibrillation: Results of a double-blind randomized clinical trial

Introduction: Therapies limiting recurrent atrial fibrillation (AF) have limited efficacy and high rates of adverse events. Efficacy studies looking at omega-3 polyunsaturated fatty acids ( $\mathrm{n}-3$ PUFA) provide mixed results. Objective: Evaluate efficacy of chronic n-3 PUFA supplementation to prevent recurrent symptomatic AF in individuals with previous AF at normal sinus rhythm. Outcomes by Number of Pts.


Methods: Prospective, randomized, double-blind, placebo-controlled, parallel-group trial. 586 outpatient individuals; confirmed symptomatic paroxysmal AF requiring cardioversion ( $n=428$ ), at least 2 AF episodes in the 6 months before randomization ( $\mathrm{n}=55$ ), or both criteria (103.) Treatment $=1 \mathrm{~g} /$ day $\mathrm{n}-3$ PUFA or placebo for 1 yr., followed for 12 months, or time to death or recurrent AF.

Primary endpoint: Symptomatic recurrence of AF (first recurrence). Results: No sig. differences placebo vs. n-3 PUFA. At 12 months, 56 of 297 participants (18.9\%) on placebo and 69 of 289 participants ( $24.0 \%$ ) on n-3 PUFA had recurrent symptomatic AF (HR 1.28; 95\% Cl 95\% $0.90-1.83 ;$; $\mathrm{p}=0.17$ ). No difference for any other prespecified end points. Composite of all-cause mortality, non-fatal stroke, non-fatal AMI, systemic embolism, heart failure or severe bleeding occurred in 20 (6.7\%) and 16 (5.5\%) pts. randomized to placebo or n3 PUFA, respectively (HR 0.86; 0.44-1.66; p=0.65). 2.7\% placebo and $2.0 \%$ prescription omega-3 discontinued due to intolerance. Conclusion: n-3 PUFA ( $1 \mathrm{~g} / \mathrm{d}$ ) for 1 yr did not reduce recurrent AF.

