

# News

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## National study: It's time to rethink treatment of atrial fibrillation

A national study led by University of British Columbia researchers at the Centre for Cardiovascular Innovation sheds light on how to more effectively treat atrial fibrillation. The study, published in the *New England Journal of Medicine*, shows that early intervention with cryoballoon catheter ablation (cryoablation) is more effective at reducing the risk of serious long-term health impacts compared with the current first step in treatment, antiarrhythmic drugs.

The minimally invasive procedure of guiding a small tube into the heart to kill problematic tissue with cold temperatures has been reserved as a secondary treatment when patients don't respond to antiarrhythmic drugs. This study adds to evidence that early intervention with cryoablation may be a more effective initial therapy in appropriate patients.

While atrial fibrillation starts as an isolated electrical disorder, each recurring incident can cause electrical and structural changes in the heart that can lead to longer-lasting events known as persistent atrial fibrillation (episodes lasting more than 7 continuous days). The new findings, stemming from a multisite clinical trial, show that cryoablation can stop this snowball effect.

For the trial, the pan-Canadian research team led by Dr Jason Andrade, an associate professor of medicine at UBC and director of heart rhythm services at Vancouver General Hospital, enrolled 303 patients with atrial fibrillation at 18 sites across Canada. Half the patients were randomly selected to receive antiarrhythmic drugs, while the other half were treated with cryoablation. All patients received an implantable monitoring device that recorded their cardiac activity throughout the study period.

Because cryoablation targets and destroys the cells that initiate and perpetuate atrial fibrillation, researchers say it can lead to longer-lasting benefits. After 3 years, researchers found that patients in the cryoablation group were less likely to progress to persistent atrial fibrillation compared with patients treated with antiarrhythmic drugs. Over the follow-up period, the cryoablation patients also had lower rates of hospitalization and experienced fewer serious adverse health events that resulted in death, functional disability, or prolonged hospitalization.

The study builds on a previous paper, "Cryoablation or drug therapy for initial treatment of atrial fibrillation," also published in the *New England Journal of Medicine*, in which Dr Andrade and his team demonstrated that cryoablation was more effective than antiarrhythmic drugs at reducing the short-term recurrence of atrial fibrillation.

Read the new study, "Progression of atrial fibrillation after cryoablation or drug therapy," at [www.nejm.org/doi/full/10.1056/NEJMoa2212540](http://www.nejm.org/doi/full/10.1056/NEJMoa2212540) (account required).

## Report on menopause: Steep toll of silence, stigma on Canadian women

A national research report from the Menopause Foundation of Canada (MFC) demonstrates the real-life impacts and inequities Canadian women face while going through perimenopause/menopause. The silence around menopause leaves many of the estimated 10 million women in Canada over the age of 40 (those in perimenopause, menopause, or postmenopause) trying to understand what is happening to their bodies, why they feel the way they do, and whether treatment and support are available. It also leaves women unaware of the potential long-term health impacts of menopause.

The survey involved 1023 Canadian women aged 40–60, representative by region, education, income, and ethnicity. Most women (95% in MFC's survey) experience menopausal symptoms; however, 46% of women in the study felt unprepared for this stage of life, and 54% believe menopause is still a taboo subject. Additionally, 40% reported feeling alone through their menopause experience. While the majority of women were aware of hot flashes (84%) and night sweats (77%), most were not aware that urinary tract infections (82%) and heart palpitations (75%) were symptoms. More than half did not know that headaches/migraines (58%), anxiety (58%), depression (56%), and memory issues (58%) were symptoms. Complicating the issue is determining whether these symptoms are the result of another condition.

The average Canadian woman will spend up to half her life in a menopausal state, yet MFC suggests that menopause is seen as something women must simply endure, with not enough focus on preventive care, lifestyle choices, and safe and effective treatment options available to help women during their menopausal years.

While women report their family physician is their most trusted source for information and advice about menopause, fewer than 25% said their family physician proactively discussed menopause with them. Of the 41% who sought out medical advice themselves, 72% found that advice to be unhelpful or only somewhat helpful, and 40% felt their symptoms were undertreated.

Further, MFC's research reveals that 75% of working women feel their employer is not supportive, or they do not know if they have support to help them manage this stage of life. MFC believes that normalizing this natural part of life is long overdue and everyone has a role to play. The organization hopes that talking about menopause can break the taboo and empower women with evidence-based information.

This independent research report was made possible by supporters and volunteers, including educational funding from Lupin Pharma Canada, Organon, Astellas Pharma, and Searchlight Pharma. MFC is a national not-for-profit advocacy organization created to raise awareness of the impact of menopause on women and society. Learn more at [www.menopausefoundationcanada.ca](http://www.menopausefoundationcanada.ca). Read the report, “The silence and the stigma: Menopause in Canada,” at [https://menopausefoundationcanada.ca/wp-content/uploads/2022/10/MFC-Report\\_The-Silence-and-the-Stigma\\_Menopause-in-Canada\\_October-2022.pdf](https://menopausefoundationcanada.ca/wp-content/uploads/2022/10/MFC-Report_The-Silence-and-the-Stigma_Menopause-in-Canada_October-2022.pdf).

## BC newborn screening expands

Newborns throughout British Columbia are being screened for three additional metabolic and genetic conditions, resulting in early identification and treatment and improved health outcomes.

Newborn Screening BC, a service of the Provincial Health Services Authority, is adding

three tests to its current panel: severe combined immunodeficiency, spinal muscular atrophy, and biotinidase deficiency.

All babies born after 30 September 2022 in BC and Yukon are screened for 27 treatable conditions shortly after birth, on the same blood-spot card. There are no additional steps for families or health care providers.

For newborns, detecting certain disorders early means less invasive investigation and treatment, along with improved outcomes. More specifically, early detection and treatment of the disorders in the additional screening has been shown to greatly reduce mortality and improve the quality of life of newborns affected by these disorders. Early diagnoses also result in reduced costs for assessment, testing, and future health care.

## Some screen time better than none during children’s concussion recovery

While too much screen time can slow children’s recovery from concussions, new research from the University of British Columbia and the University of Calgary suggests that banning screen time is not the answer.

Researchers looked for links between the self-reported screen time of more than 700 children aged 8–16 in the first 7–10 days following an injury and symptoms reported by them and their caregivers over the following 6 months. Children whose concussion symptoms cleared up the fastest had engaged in a moderate amount of screen time.

The study was part of a larger project called Advancing Concussion Assessment in Pediatrics led by psychology professor Dr Keith Yeates at the University of Calgary and funded by the Canadian Institutes of Health Research. The data came from participants aged 8–16 who had suffered either a concussion or an orthopaedic injury, such as a sprained ankle or broken arm, and sought care at one of five emergency departments in Canada. The purpose of including children who had orthopaedic injuries was to compare their recoveries with the group who had concussions.

Patients in the concussion group generally had relatively worse symptoms than their

counterparts with orthopaedic injuries, but *within* the concussion group it was not simply a matter of symptoms worsening with more screen time. Children with minimal screen time recovered more slowly too.

Dr Molly Cairncross, an assistant professor at Simon Fraser University, conducted the research as a postdoctoral fellow working with associate professor Dr Noah Silverberg in UBC’s Department of Psychology. Dr Cairncross offers that because kids use smartphones and computers to stay connected with peers, complete removal of those screens could lead to feelings of disconnection, loneliness, and not having social support, which are likely to have a negative effect on kids’ mental health, and that can make recovery take longer.

Additionally, the longer study timeline led to another finding—the amount of time spent in front of screens during the early recovery period made little difference to long-term health outcomes. After 30 days, children who suffered a concussion or another type of injury reported similar symptoms, regardless of their early screen use.


Researchers also observed that screen time seemed to have less bearing on symptoms than other factors, such as the patient’s sex, age, sleep habits, physical activity, or pre-existing symptoms, and emphasized that encouraging concussion patients to sleep well and gradually engage in light physical activity will likely do more for their recovery than keeping them off their smartphones. Ultimately, the findings suggest that using the same approach as with other activities—moderation—is of most help to children and adolescents with concussion. If symptoms flare up, screen time can always be limited.

The study, “Early postinjury screen time and concussion recovery,” was published in *Pediatrics*: <https://doi.org/10.1542/peds.2022-056835>.


Attn: BC Doctors

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