

/ CHANGE AFib: A Pragmatic Randomized Clinical Trial of Early Dronedaronone versus Usual Care to Change and Improve Outcomes in Persons with First-Detected Atrial Fibrillation

Millions of Americans are living with atrial fibrillation (AFib), an irregular heartbeat. People may not even notice they have symptoms of AFib, but it can increase their risk for stroke and heart complications.



“It’s estimated that by 2030, atrial fibrillation will affect 12.1 million people in the United States, more than double the number in 2010,” said Mariell Jessup, M.D., FAHA and chief science and medical officer at the American Heart Association. “People living with AFib are nearly five times more likely to have a stroke. Establishing treatment options for newly diagnosed patients is an integral part of a care plan that helps patients live longer, healthier lives.”

The number of patients affected by AFib continues to rise; however research is limited on how to best treat patients newly diagnosed with AFib.

Trial Overview

CHANGE AFib is studying if treatment with dronedaronone is more effective than usual care alone for preventing cardiovascular hospitalization or death from any cause in patients presenting to the hospital for the first time with a new diagnosis of AFib. This trial is a collaboration between the American Heart Association and the Duke Clinical Research Institute, with support from Sanofi US

// CHANGE AFib is the first pragmatic trial addressing treatment strategies for patients presenting to the hospital with first detected AFib

Eligibility

- / The trial is open to U.S. hospitals participating in the American Heart Association’s Get With the Guidelines® - AFib ([GWTG-AFib](#)) Program.
 - Data will be collected in the GWTG-AFib Registry.
- / Adult patients 60 years and older presenting to the hospital with a new AFib diagnosis may be eligible for enrollment.

Visit changeafib.org to learn more about the study and how your hospital can get involved.