Results of a national survey on ethacizine for atrial fibrillation treatment in real practice as a part of a patient oriented approach

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The aim of the Ethacizine Evaluation for acute and chronic treatment of atRial fibrillatioN in real practIce: Ukrainian naTional surveY (ETERNITY) was to examine the specifics of ethacizine use, Class IC antiarrhythmic drug (AAD) with additional anticholinergic properties, in the management of patients with atrial fibrillation (AF), including a "pill-in-the-pocket"-like strategy in real clinical practice as a part of doctor-patient interaction.

Methods: The survey was conducted among Ukrainian cardiologists, physicians, family doctors, and arrhythmologists from November 15, 2024, to February 28, 2025. A total of 100 completed questionnaires were analyzed. The snowball method was used to involve more respondents in the survey. Answers to questions regarding AADs were voluntary; doctors had the option to skip a question if they preferred not to answer or lacked the necessary experience.

Results: Most respondents were cardiologists (60%), most often from institutions providing outpatient care (66%). The comparison of ethacizine with two other Class IC ADDs indicates at least equal satisfaction among the respondents with this drug (Table 1). It is important to note that only 13.8% of respondents always initiate therapy with Class IC ADDs in the hospital according to existing guidelines, 22.3% initiate therapy in the hospital when possible, but sometimes on an outpatient basis, 31.9% - mainly on an outpatient basis, and 17% - entirely on an outpatient basis. Data on considering the patient's opinion when prescribing Class IC AADs are presented in Table 2.

Pharmacological cardioversion with ethacizine similar to the "pill-in-the-pocket" strategy for restoring sinus rhythm (SR) in AF was used by 52.3% of respondents, 28.3% reported that this approach was initiated by the patient who had already taken ethacizine to maintain SR. Some respondents noted the experience of prescribing higher single doses (125 mg - 6.8%, 150 mg - 20.3%) than usual one (single dose 100 mg of ethacizine for restoring SR in AF). Interestingly, 31.9% of the respondents had experience using ethacizine to restore SR in a discrete dose mode, not a single dose mode, and 60% of respondents found this strategy efficient.

Conclusions: Patients who previously received ethacizine often choose it to restore SR during paroxysmal AF. ETERNITY respondents consider patients` opinion and rate ethacizine efficacy for AF treatment at the same level as flecainide or even more positively than propafenone. So, it is advisable to plan large clinical trials to evaluate the use of ethacizine for restoring and/or maintaining SR in AF. Regarding ethacizine, it is more appropriate to use the term "pharmacological cardioversion in a single or discrete dose mode" instead of "pill-in-the-pocket" strategy, since both approaches are used in real practice.

Table 1. Characteristics of the Class IC AADs according to ETERNITY data			
	Ethacizine	Propafenone	Flecainide
Average doctors` satisfaction score±SD (0-10-point scale, where 10 is the best satisfaction)	7.9±1.8	7.2±2.0 P1=0.014	7.5±1.4 P1=0.159 P2=0.222
Rating of satisfaction "Poor" (0-3 points), %	1.2	5.3	0*
Rating of satisfaction "Fair" (4-6 points), %	19.0	30.7	22.8
Rating of satisfaction "Good" (7-8 points), %	44.1	40.0	54.4
Rating of satisfaction "Very good" (9-10 points), %	35.7	24.0	22.8
Respondents most commonly prescribe (only one option to choose), %	56.8	27.4	15.8
Respondents have never prescribed in their practice (multiple choice was possible), %	18.6	34.3	61.4
Top-3 main reasons to prescribe	1.Positive experience: 48.8% 2. Publications, reports, recommendations of scientists: 15.5% 3. Additional anticholinergic effect 14.3%	1.Positive experience 37.1% 2.Presence in European/national guidelines 25.7% 3. Additional beta-blockade 24.3%	1.Presence in European/national guidelines 30.4% 2. Positive experience: 23.2% 3. Lack of effect on the autonomic nervous system; presence of life-threatening ventricular arrhythmias, each 14.3%
Proarrhythmogenic effect as the main reason for non-prescription	0%	6.6%**	6.9%**
The P-value depended on the number of answers to each question. P1 – for comparison between ethacizine, P2 – for comparison with propafenone, *P compared to propafenone <0.05, ** P compared to ethacizine <0.05,			

Table 2. Answers to the questions "To what extent do you take into account the patient's opinion when using class IC AADs (ethacizine) in your clinical practice (multiple answers could be selected)?"		
	Class IC AADs (n=100)	**Ethacizine (n=84)**
I always discuss the prescription of the drug, agree on the choice of strategy and treatment plan during the scheduled appointment, n (%)	60 (60.0)	52 (61.9)
I consider the patient's desire to use the drug also to restore SR in AF as a "pill-in-the-pocket", n (%)	46 (46.0)	24 (28.6)*
I take the patient's concerns into account. If necessary, I adjust the strategy or change the medication at the patient's request, n (%)	9 (9.0)	14 (16.7)
Most often, the patient trusts the doctor and there is no need to discuss strategies, drug selection and its dosage, n (%)	21 (21.0)	26 (31.0)
I discuss only the use of the "pill-in-the-pocket" strategy, and with the patient`s consent, suggest evaluating its effectiveness and safety in a hospital setting, n (%)	20 (20.0)	7 (8.3)*
The patient often decides to change the drug dose or use it as a "pill-in-the-pocket" without consulting the doctor, n (%)	3 (3.0)	2 (2.4)
* P<0.05		