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A SYSTEMATIC REVIEW ON EFFECTS OF WENXINKELI IN TREATMENT OF CARDIAC ARRHYTHMIA

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Objective To review the curative effect and safety of wenxinkeli for treatment of cardiac arrhythmia.

Methods Randomised controlled trials (RCTs) were searched from the following electronic databases: The Cochrane Library, PubMedWanfang, CNKI, CBM, VIP. RCT of Wenxinkeli for treatment of cardiaoarrhythmia: be included. Quality assessment and data extraction were conducted by two reviewers independently. Disagreement was resolved through discussion. All data were analysed by using Review Manager 5.0.

Results Meta-analysis results showed that, compared with control, (1) antiarrhythmic effect aspects: wenxinkeli is better than mexiletine (OR 2.46, 95% CI 1.49 to 4.07, p<0.0001), profetapalmer ketone (OR 1.98, 95% CI 1.53 to 2.58, p<0.0001), there is no significant difference with amiodarone (OR 1.34 95% CI 0.81 to 2.23, p=0.26), general antiarrhythmic effects are better than control group (OR 1.93, 95% CI 1.57 to 2.38, p<0.00001); (2) ECG improvement: wenxinkeli is better than mexiletine (OR 2.24, 95% CI 1.08 to 4.65, p<0.05), profetapalmer ketone (OR 2.05, 95% CI 1.56 to 2.70, p<0.0001), there is no significant difference with amiodarone (OR 1.13, 95% CI 0.52 to 2.45, p>0.05), total ECG improvement is more superior than control group (OR 1.95, 95% CI 1.53 to 2.49, p<0.00001); (3) safety aspects: (1) The gastrointestinal adverse reaction rate of wenxinkeli is lower than profetapalmer ketone (OR 0.24, 95% CI 0.12 to 0.45, p<0.00001), there is no significance difference with amiodarone (OR 0.58, 95% CI 0.28 to 1.22, p>0.05), generally, gastrointestinal adverse reaction rate is lower than control group (OR 0.34, 95% CI 0.21 to 0.54, p<0.00001); (2) The rate of casing arrhythmia of wenxinkeli is lower than profeta palmer ketone (OR 0.15, 95% CI 0.05 to 0.47, p=0.001), lower than amiodarone (OR 0.06, 95% CI 0.01 to 0.24, p=0.001), generally, the rate of casing arrhythmia adverse reaction is significantly lower than the control group (OR 0.10, 95% CI 0.04 to 0.23, p<0.00001).

Conclusion Compared with the current antiarrhythmic medicine, wenxinkeli is no worse than them, lower in the rate of inducing side effects. For the restrictions of the quality of the studies, the evaluation of antiarrhythmic effects requires more high-quality RCT to further evaluation.