Abstract: P977

Subclinical atrial fibrillation and clinical outcome in patients with pacemaker

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Topic(s):
Atrial Fibrillation - Epidemiology, Prognosis, Outcome

Citation:

Background/Introduction
Long term intracardiac monitoring in patients with permanent pacemakers(PPM) and implantable defibrillators detects subclinical atrial fibrillation (SCAF) in 28% to 68% of these patients within the first 1 to 3 years after implantation. The SCAF episodes, which have been shown in previous studies to be associated with an increased risk of clinical AF and stroke. However, there are few studies in patients with SCAF on Asian population.

Purpose
This study examined the relationship between SCAF burden and progression of clinical AF, ischemic stroke, heart failure hospitalization, other clinical outcomes on Asian population.

Methods
This study is single center retrospective study. In patients with bradyarrhythmia, underwent implantation of PPM were enrolled. Patients with preexisting AF, atrial lead malfunction, within follow up duration 3 month were excluded. We subdivided group of patients depending on SCAF burden. Primary outcome was composite of progression of clinical AF, ischemic stroke, heart failure(HF) hospitalization.

Result
A total of 496 patients were enrolled. 233(47.0%) were male, and the mean age was 65.6 years. During the median follow up 5.4 years at least one SCAF episodes was detected by in 344 patients(69.3%). Among the patients with SCAF, high burden group accounted by 34.4%. Primary outcome was occurred in 5(3.28%) of none group, 5(2.84%) of low burden group, 25(44.6%) of high group.

Conclusion
High burden of SCAF was associated with increased risk of progression to clinical atrial fibrillation, ischemic stroke.