Abstract: **P1766**

**Clinical characteristics and quality of life of patients with atrial fibrillation in the Colombian Heart Failure Registry - RECOLFACA**

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**Topic(s):**
Acute Heart Failure – Epidemiology, Prognosis, Outcome

**Citation:**
Background: The prevalence of atrial fibrillation (AF) in patients with heart failure (HF) has been reported between 13% and 27%. The explanation for this coexistence has been the presence of common risk factors. The objective of this work is to compare demographic, clinic characteristics and quality of life (QoL) of patients with and without AF in a cohort of HF patients in Colombia.

Methods: RECOLFACA registry collected data prospectively from September 2016 to September 2018, including 2,099 patients from 60 institutions: 416 patients with AF and 1683 patients without AF. Demographic, clinical characteristics and QoL (EQ5D-3L instrument) were evaluated using Chi-Square, Student T and Mann Whitney Tests. Multivariable analysis was performed through logistic regression. Significance difference was defined as 0.05.

Results: The prevalence of AF was 20%. Mean age of patients with AF was 73.87 (10.42), older than patients without AF (p<0.0001). There was no difference in sex. Multivariable analysis demonstrated that AF was associated with higher arterial hypertension (p<0.010), higher depression (p=0.015), lower type 2 diabetes mellitus (p=0.0001) and more proportion of patients in ACC/AHA stage A (p=0.022). On the follow up, AF was associated with higher non-controlled arterial hypertension (p=0.006), higher progression of the disease (p=0.001) and higher arrhythmias (p>0.0001) as factor of decompensated of HF. Mean score of QoL was 74.72 (21.49) on patients with AF and 80.04 (20.92) on patients without AF, where the domains of mobility, self-care, usual activities, and pain/discomfort showed statistically significant difference.

Conclusions: Atrial fibrillation is a common comorbidity in our HF population. AF is related to more uncontrolled arterial hypertension, depression and elderly age. QoL is lower in AF group. Arrhythmias are more frequent as a factor of HF decompensation.