

$p=.008$), more LBBB by ECG (85% vs. 62%, $p=.009$) and less restrictive filling pattern by Doppler echocardiography (23% vs. 50%, $p=.030$) when compared with ND. Pts with intraVD compared with ND had a tendency towards increased baseline QRS width (163 plus minus 31 vs. 153 plus minus 25, $p=.107$) and lower incidence of deterioration following CRT (7.4% vs. 23.5%, $p=.066$). Both interVD and intraVD improved with treatment. Neither interVD nor intraVD predicted clinical or echocardiographic response to CRT when compared to ND.

Conclusion InterVD but not intraVD is associated with a significant increased baseline QRS width, LBBB and restrictive filling pattern. Neither interVD nor intraVD were predictors of clinical or echocardiographic response to CRT.

22–3 Abstract 24–03

Health related quality of life in patients with congestive refractory heart failure after cardiac resynchronization therapy—a six month follow-up study

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Aim of the study To evaluate the impact of cardiac resynchronization therapy (CRT) in the quality of life (QOL) of patients (P) with congestive heart failure (CHF) refractory to optimal pharmacologic therapy, at the 6th month of follow-up.

Population and Methods 41P with CHF (28 men and 13 women, 63.9 ± 9.1 years) in Class II–IV of NYHA (95% class III), with poor left ventricular ejection fraction (LVEF) ($24\pm 3\%$). The diagnosis was ischemic heart disease in 24.4%, idiopathic dilated cardiomyopathy in 58.5%, hypertensive heart disease in 9.8% and valvular heart disease in 7.3%. The clinical history was of 10.2 ± 8.0 years for the heart disease and at least one hospitalization due to CHF. All P received devices with combined CRT and cardioverter–defibrillator (CRT-D). They were evaluated in the hospital, just before the intervention, and in the outpatient clinic within 6 months, regarding the NYHA functional class, LVEF and the QOL Kansas City Cardio-

miopathy Questionnaire (KCCQ), as validated for the Portuguese population.

Results After CRT-D 73.2% of the P were in NYHA class II, with LVEF of $36\pm 8\%$ and an overall average score of QOL which increased from 53 ± 24 to 83 ± 21 ($p<0.05$). Specifically, as seen in the various fields, KCCQ have the following developments: the average score of activities of daily living increased from 53 ± 25 to 87 ± 19 ; of symptoms increased from 56 ± 26 to 81 ± 23 ; the perception of satisfaction with life increased from 38 ± 29 to 78 ± 27 ; the lifestyle increased from 58 ± 30 to 85 ± 26 , and the functionality increased from 56 ± 24 to 85 ± 20 . In the score of knowledge the average value for the clinical condition did not change significantly.

Conclusion In P with severe CHF, CRT has a favorable impact on QOL, in the improvement of left ventricular function and functional class.

22–4 Abstract 24–05

Repetitive electrical cardioversions and cardiac resynchronization therapy in heart failure patients with atrial fibrillation: the SIBILLA study

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Background Permanent and persistent atrial fibrillation (AF) is a common supraventricular arrhythmia in heart failure (HF) patients. The AF incidence is related to the severity of clinical condition and could reach the 50% in NYHA IV functional class patients. AF is associated with an increased risk of mortality, hospitalization and HF progression in patients with left ventricular systolic dysfunction. Cardiac resynchronization therapy (CRT) can be beneficial in HF patients with concomitant AF in terms of improved symptoms, exercise capacity, systolic left ventricular function and mortality. However very few data have reported a direct influence of CRT in restoring sinus rhythm (SR) and spontaneous reversion from AF to SR is a rare and unclear event.

Aim of the study Electrical cardioversion (EC), performed immediately or after few months the implantation of a CRT