



Non-physiological increase of AV conduction time in sinus disease patients programmed in AAIR-based pacing mode

Submitted by Emmanuel Lemoine on Tue, 12/16/2014 - 10:55

Titre	Non-physiological increase of AV conduction time in sinus disease patients programmed in AAIR-based pacing mode
Type de publication	Article de revue
Auteur	Mabo, Philippe [1], Cebron, Jean-Pierre [2], Solnon, Aude [3], Tassin, Aude [4], Graindorge, Laurence [5], Gras, Daniel [6]
Editeur	Springer Verlag
Type	Article scientifique dans une revue à comité de lecture
Année	2012
Langue	Anglais
Date	2012/11/01
Numéro	2
Pagination	219 - 226
Volume	35
Titre de la revue	Journal of Interventional Cardiac Electrophysiology
ISSN	1572-8595
Mots-clés	AAI pacing [7], AV block [8], AV conduction time [9], AV conduction time adaptation [10], Cardiology [11], DDD pacing [12]
Résumé en anglais	<p>Purpose The EVOCAVDS trial aimed to quantify the paradoxal atrioventricular (AV) conduction time lengthening in sinus node (SD) patients (pts) paced in AAIR-based pacing mode. Methods SD pts, implanted with dual-chamber pacemaker programmed in AAIR-based pacing mode, were randomized in two arms for a 1-month period: the low atrial pacing (LAP; basic rate at 60 bpm, dual sensor with minimal slope) and the high atrial pacing (HAP; basic rate at 70 bpm, dual sensor with optimized slope, overdrive pacing) arm. At 1 month, crossover was performed for an additional 1-month period. AV conduction time, AV block occurrence and AV conduction time adaptation during exercise were ascertained from device memories at each follow-up. Results Seventy-nine pts participated to the analysis (75 ± 8 years; 32 male; PR = 184 ± 38 ms; bundle branch block n = 12; AF history n = 36; antiarrhythmic treatment n = 53; beta-blockers n = 27; class III/Ic n = 18; both n = 8). The mean AV conduction time was significantly greater during the HAP (275 ± 51 ms) vs. LAP (263 ± 49 ms) period ($p < 0.0001$). Class III/Ic drugs were the only predictors of this abnormal behaviour. Degree II/III AV blocks occurred in 49 % of pts in the HAP vs. 19 % in the LAP period ($p < 0.0001$). Fifty-two patients (66 %) presented a lengthening of AV conduction time during exercise. Conclusion AAIR-based pacing in SD pts may induce a significant lengthening of pts' AV conduction time, including frequent abnormal adaptation of AV conduction time during exercise.</p>
URL de la notice	http://okina.univ-angers.fr/publications/ua6485 [13]
DOI	10.1007/s10840-012-9703-4 [14]

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- [14] <http://dx.doi.org/10.1007/s10840-012-9703-4>

Publié sur *Okina* (<http://okina.univ-angers.fr>)