PREVALENCE AND OUTCOMES OF RECURRENT HOSPITAL ADMISSIONS IN PATIENTS WITH ATRIAL FIBRILLATION: INSIGHTS FROM THE GULF SURVEY OF ATRIAL FIBRILLATION EVENTS (GULF SAFE) REGISTRY

Poster Contributions
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Session Title: Risks for Atrial Fibrillation: Where Do We Look?
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Authors: Nidal Asaad, Mohammad Zubaid, Mohammed Mohsen, Jassim Al-suwaiti, Rajvir Singh, Jassim Zaheen, Alawi Alsheikh-Ali, Wael Almahmeed, Wafa Rashed, Haitham Amin, Ahmed Al Qudaimi, Christian Bollensdorff, Magdi Yacoub, Hamad Medical Corporation, Doha, Qatar

Background: Up to our knowledge, there were no previous papers comparing one year outcome between patients with recurrent atrial fibrillation (AF) admissions and those with no recurrent admissions.

Methods: We analyzed data from the Gulf Survey of Atrial Fibrillation Events (Gulf SAFE) Registry, a prospective, multinational emergency room (ER)-based study in 23 hospitals in 6 Middle Eastern Arab countries recruited patients identified with AF in ERs of participating sites between October 2009 and June 2010. Patients were followed during stay in hospital or ER until discharge and subsequently for 12 months.

Results: During follow up of 1721 patients presented with AF, 183 (11%) patients had recurrent admissions for AF while 1538 (89%) patients had no recurrent admissions. Patients in the first group were found to have significant higher rates of stroke/TIA (10% vs. 0.7%) \( P = 0.001 \). We found also that patients with recurrent admissions for AF had higher rates of major bleeding (4% vs. 1.7% \( P = 0.04 \)) despite no significant difference in the use of warfarin (50% vs. 47% \( P = 0.45 \)). Patients in the first group had also more recurrent admissions for heart failure [HF] (38% vs. 7% \( P = 0.001 \)). There was no significant difference in all cause death in both groups (2.3% vs. 4.5% \( P = 0.16 \)).

Conclusion: The prevalence of recurrent admissions of AF in the Middle East region is 11%. The importance of recognizing such group of patients is the associated increased morbidity including stroke/TIA, major bleeding and recurrent HF admissions.