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IMPACT OF ALCOHOL INTAKE ON THROMBOEMBOLIC EVENTS FOLLOWING CATHETER ABLATION FOR ATRIAL FIBRILLATION

Poster Contributions

Hall C

Sunday, March 30, 2014, 9:45 a.m.-10:30 a.m.

Session Title: Arrhythmias and Clinical EP: New Insights for Ablation of Atrial Fibrillation

Abstract Category: 4. Arrhythmias and Clinical EP: AF/SVT

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Background: Atrial fibrillation (AF) is a major risk factor for thromboembolism (TE). Moreover moderate to high alcohol intake has been reported to be associated with TE events in AF patients. However, the impact of light drinking on TE remains uncertain. This study examined the influence of alcohol on TE complications post-catheter ablation (CA) in AF patients.

Methods: A total of 3109 patients undergoing CA for AF at our center from 2009 to 2012 were enrolled in this study. Alcohol consumption prior to the procedure and at 1 year follow-up was self-reported and captured by a questionnaire that included detailed information on the frequency and type of alcoholic beverages consumed. Alcohol consumption was classified as 1 to 4 drinks/week (light drinkers), 5 to 7 drinks/week, and >7 drinks/week. Those who reported no alcohol intake at both time points were considered as control (n=2365, 65% were male, age 60.8±10.7 years, LVEF 56±11, LA size 4.8±4.3 cm, non-paroxysmal AF 57%, 36% had CHADS₂ ≥2) and the rest were included in the study group (n=744, 64% male, age 61.3±9.6 years, LVEF 57±10, LA size 4.9±4.8 cm, non-paroxysmal AF 59%, and 34% had CHADS₂ ≥2). Ischemic strokes and transient ischemic attack (TIA) were deemed as TE events.

Results: The baseline characteristics were not different across the groups. Light drinking was reported in 56% of the study population, while 21% had 5-7 drinks and 23% had >7 drinks/week. A total of 18 (0.58%) TE events were reported; 8 (0.34%) in non-alcohol and 10 (1.34%) in alcohol group. Post-ablation stroke rate in CHADS₂ ≥2 patients was 0.68% (0.59% in no-alcohol and 2.24% in alcohol group, p=0.027), which was markedly lower than previously reported rates by large studies. After adjusting for gender, AF type, LA diameter, body mass index, and CHADS₂ score in a multivariate model, alcohol consumption was an independent predictor of stroke (odds ratio 3.0 (1.47 to 6.41), p=0.003). When assessed in a separate model, light drinking (1 to 4 drinks/week) showed significant association with post procedure stroke (odds ratio 2.15 (1.09 to 4.38), p=0.017).

Conclusion: Alcohol intake, even in considerably moderate amount, is associated with increased risk of thromboembolic events in AF patients.