and valvular heart disease. However, there have been few studies on the risk for development of AF in an elderly cohort, taking into account ECG variables.

Aims: We aimed to evaluate the clinical and ECG predictors of prevalent AF in a large population-based prospective cohort study. The clinical and ECG workups were realized at admission and after 4 years of follow-up.

Methods: The study is part of the Three City Study (COVADIS), which included subjects aged 65 years and above and not institutionalised. The prevalence of AF at baseline was assessed in 4234 patients.

Results: The overall prevalence was 2,33%. Based on multivariable analyses, the HR was 2.08 [95% CI: 1.07-4.54], p=0.03) for male gender. Age above 75 years was associated with an increase of AF prevalence (HR 1.92 [95% CI: 1.24-2.97], p=0.003) as well as history of stroke (HR=2.90 [95% CI: 1.15-6.56], p=0.02), history of AF (HR, 2.74 [95% CI: 1.12-6.20], p=0.02). None of the other classical clinical risk factors was associated with AF prevalence. Q waves and ST segment depression on the baseline ECG were associated with an increased prevalence of AF: HR, 2.70 [95% CI: 2.13-6.44], p<0.001) and HR, 12.6 [95% CI: 6.56-23.8], p<0.001, respectively.

Conclusion: In a contemporary cohort of elderly subjects, ECG variables suggesting CAD, history of previous AF, history of stroke, age and gender were predictors of AF prevalence.

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Management of recent onset atrial fibrillation in the RHYTHM-AF study: a survey of French cardioversion practice

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Purpose: The prevalence of atrial fibrillation (AF) is increasing worldwide, affecting 4.5 million people in the European Union, and up to 1 million people in France. Yet, cardioversion practices (CV) are not well documented. The RHYTHM-AF international observational study aimed to describe regional patient populations and CV practices.

Methods: Consecutive adult candidates for CV with documented recent AF were enrolled from hospitals in 10 countries. Information on French patients was collected between September 2010 and April 2011 in 25 centers. Descriptive statistics were used to document patient characteristics and CV practices.

Results: Among the first 492 French enrolled patients, mean age was 69 years, 65% were male, 57% were hypertensive, 16% diabetic and 16% presented with a history of chronic heart failure while a quarter (26%) showed heart failure symptoms. Transthoracic and transesophageal echocardiography were available in 70% and 30% of patients, respectively.

Over half (56%) of all patients underwent an attempt at CV; and the majority of them (80%) underwent electrical CV. The remaining 20% underwent pharmacological CV, most (81%) using amiodarone IV. At hospital discharge, the median length of stay was 46 hours (IQR: 26-84) for electrical CV and 203 hours (IQR: 91-409) for pharmacological CV. Also at discharge, 73% of patients were in normal sinus rhythm, 92% were prescribed anticoagulation drugs, and 63% anti-arrhythmic drugs. Adverse events occurred in 3% of patients and in-hospital mortality was 0.6%.

Conclusions: In France, observations suggest that current cardiology ward management of recent onset AF involves attempted CV in just over half of patients considered for CV. Among those cardioverted, treatment is oriented towards electrical CV, with a median length of in-hospital stay of 2 days. While electrical CV seems to be the preferred option of French cardiologists, amiodarone IV is nonetheless their first pharmacological treatment choice.

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Table – Results

	Total	Cardioverted	No CV
Total (N (%))	492 (100%)	277 (56%)	215 (44%)
1st detected AF	169 (36%)	92 (33%)	77 (40%)
Paroxysmal AF	94 (20%)	39 (14%)	55 (28%)
Persistent AF	144 (31%)	97 (35%)	47 (24%)
CHADS2 score (mean, (SD))	1.3 (1.1)	1.4 (1.1)	1.1 (1.0)
Mode of Cardioversion			
	Total	PhCV	ECV	No CV
Total (N (%))	492 (100%)	55 (11%)	226 (46%)	215 (44%)
LoS, hours (median (IQR))	48 (22-144)	203 (91-409)	46 (26-84)	62 (4-134)
Time to CV, hours (median (IQR))	21 (16-49)	24 (5-74)	21 (18-46)	–

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Symptoms, functional status, and quality of life in patients with controlled and uncontrolled atrial fibrillation. Data from the cross-sectional REALISE-AF registry

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Background: Both rate- and rhythm-control are accepted management strategies for atrial fibrillation (AF). The frequency of success of either strategy and the impact of control on symptomatic status of AF patients have not been described,

Methods: RealiseAF was a multicentre, international, observational, cross-sectional survey of patients with any AF history in the previous 12 months, performed in 2009-10 by random sampling of cardiologists and internists. It aimed to describe the characteristics, symptoms, quality of life (QoL), and management patterns of AF patients, and determine the frequency of AF control (defined as sinus rhythm or AF with resting heart rate ≤80 beats per minute [bpm]).

Findings Of 10546 patients enrolled, 10 523 were eligible for analysis and 9665 evaluable for AF control. AF was controlled in 59.0% of patients (sinus rhythm 26.5%, AF ≤80 bpm 32.5%), and uncontrolled in 41.0%. Symptom prevalence in the previous 7 days was lower in controlled than uncontrolled AF (55.7% vs 68·4% respectively; p<0.001) and similar for patients in sinus rhythm and patients in AF ≤80 bpm (54·8% vs 56.4%; p=0.23). On the day of the visit, AF-related functional impairment (European Heart Rhythm Association Class >1) was observed in 67.4% of controlled and 82.1% of uncontrolled AF patients (p<0.001). QoL (measured using the EQ-5D tool) was better for patients with controlled versus uncontrolled AF for all measures: visual analog

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