ASSOCIATION OF ATRIAL FIBRILLATION ON LONG TERM SURVIVAL IN PATIENTS WITH DIASTOLIC HEART FAILURE

ACC Moderated Poster Contributions
McCormick Place South, Hall A
Monday, March 26, 2012, 9:30 a.m.-10:30 a.m.

Session Title: Arrhythmias: AF/SVT: Morbidity and Mortality associated with Atrial Arrhythmias
Abstract Category: 16. Arrhythmias: AF/SVT
Presentation Number: 1239-269

Authors: Ramin Ebrahimi, Zenaida Feliciano, Fereshteh Hajsadeghi, Hormoz Babaei, Naser Ahmadi, Greater Los Angeles VA, Los Angeles, CA, USA

Background: Atrial fibrillation (A-fib) is an increasingly diagnosed disorder. While some data point to worse outcome in A-fib patients with systolic heart failure (SHF) as opposed to those without SHF, no data is available on the prognostic value of diastolic heart failure (DHF) in patients with A-fib. The purpose of this study is to evaluate the prognostic value of DHF and SHF in patients with A-fib.

Methods: This nested case-control study consists of veterans with A-fib. VA electronic medical records from veterans were used to evaluate the presence or absence of A-fib, SHF, DHF, mortality and traditional risk factors. Cox regression survival analysis was employed to assess the risk of mortality in A-fib patients with DHF and SHF.

Results: The study population consisted of 2267 patients with A-fib (age 68±11 years, 95% male). During the median follow-up of 10 years, the death rate was 8.4%. Survival rate significantly decreased from 95.3% in A-fib without heart failure to 84.7% in A-fib with DHF to 73.3% in A-fib with SHF (p=0.0001). After adjustment for age, gender and conventional risk factors, the hazard ratio of death for DHF and SHF were 3.78 (95%CI 2.05-6.86, p=0.001) and 8.08 (95%CI, 4.24-12.35, p=0.001) as compared to A-fib without heart failure, respectively.

Conclusions: In patients with A-fib, DHF and SHF add prognostic value independent of traditional risk factors.