QT was only related to BMI, calcium and magnesium plasma levels. Corrected QT tended to be increased in ED patients receiving drugs known to increase QT (p = 0.1). QT was negatively correlated to plasma magnesium level (p = 0.01), to calcium (p = 0.06) and to plasma albumin (p = 0.004). QT was not associated to plasma potassium level. QT did not differ between the different types of ED.

No patient did present with major event before inclusion or during follow-up.

Conclusion: QT durations were found normal in patients with ED and were even shorter than in controls when corrected or adjusted for heart rate. QT was only related to BMI, calcium and magnesium plasma levels.

0415

Predictive value of the CHA2DS2-VASc score in atrial fibrillation patients at high risk for stroke despite oral anticoagulation

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Introduction and objectives: The risk of stroke in atrial fibrillation is heterogeneous and depends upon underlying clinical conditions included in current risk stratification schemes. Recently, the CHA2DS2-VASc score has been included in guidelines to be more inclusive of common stroke risk factors seen in everyday clinical practice, and useful in defining ‘truly low risk’ subjects. We aimed to assess the usefulness of CHA2DS2-VASc score to give an additional prognostic perspective for adverse events and mortality among ‘real world’ anticoagulated patients with atrial fibrillation who are often elderly with many comorbidities.

Methods: Consecutive outpatients with permanent/paroxysmal non valvular atrial fibrillation with CHA2DS2-VASc ≥ 2 were selected. Adverse cardiovascular events including stroke, acute coronary syndrome, or heart failure; major bleeds; and mortality were recorded during more than 2-year follow-up.

Results: Of 293 patients (93.5%) assessed, 167 were males, median age 76 (71-81) years. After a followup of 567 (432-665) days, 11.7% patients had cardiovascular events, 8.6% patients had major bleeds, 10.8% patients died, and 24.6% major adverse events (composite endpoint). Increasing CHA2DS2-VASc score by 1 point had a significant impact on the occurrence of adverse cardiovascular events (hazard ratio=1.27; 95% confidence interval, 1.13-1.44; P<.001), mortality (hazard ratio=1.36; 95% confidence interval, 1.19-1.54; P<.001); and major adverse events (hazard ratio=1.23; 95% confidence interval, 1.13-1.34; P<.001). CHA2DS2-VASc score was not associated with major bleeding episodes.

Conclusions: Among high risk atrial fibrillation patients on oral anticoagulation, CHA2DS2-VASc successfully predicts cardiovascular events and mortality, but not major bleeds.

0444

Usefulness of combined head-up tilt testing with video-EEG monitoring in the evaluation of patients with atypical seizure-like unexplained loss of consciousness

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Background: It is well established that tonic-clonic seizure-like activity can be a part of a syncope yet many patients with these clinical features are misdiagnosed with seizures and often referred to epilepsy centers. Head-up tilt test (HUT) is the gold standard for diagnosing vasovagal syncope, but it fail to provide clinical details that help distinguish convulsive syncope from epileptic seizures. We aimed to evaluate the diagnostic yield of a combined HUT and video-EEG monitoring strategy in patients with atypical episodes of unexplained loss of consciousness (LOC).

Methods and results: A total of 87 patients (mean age 32±15 years, 71% women) who underwent HUT with concomitant video-EEG between March 2007 and August 2013 were retrospectively analyzed. Events were classified as vasovagal syncope, epilepsy or psychogenic. Median number of episodes of LOC was 6 [range 1 - 30]. 45% of patients had prolonged LOC (>1 min), 75% had myoclonic jerks and 52% abnormal standard EEG. Antiepileptic drugs (AEDs) were prescribed in 38 patients (43%). The majority of patients (78/87) had undergone prior neurological and cardiac evaluation with routine EEG, neuroimaging and/or Holter ECG, and HUT (n=30). HUT combined with video-EEG was diagnostic in 67/87 (77%) of patients. Vasovagal syncope was seen in 62/87 (71%), 31 of which had associated myoclonic jerks, especially during sleep. 240 bpm (n=26) or asystole (n=5). Five patients (6%) experienced psychogenic non-epileptic events. Epilepsy was diagnosed in only 8 patients (9%), and LOC remained unexplained in 12 (14%). AEDs were discontinued in non-epileptic patients as a result of the testing.

Conclusions: Patients with convulsive syncope are often misdiagnosed and treated with AEDs. Combined HUT and video-EEG monitoring is a useful diagnostic test in patients with atypical episodes of unexplained LOC and can avoid expensive non-diagnostic evaluations as well as ongoing treatment with unnecessary AEDs.

0136

Inappropriate shocks are more common in asymptomatic vs symptomatic Brugada syndrome patients implanted a cardioverter-defibrillator

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Background: Implantable cardioverter-defibrillator (ICD) the best treatment for secondary prevention in Brugada syndrome (BrS). However, asymptomatic patients are still being implanted, regardless the high rate of complications. We compared the occurrence of complications in patients implanted an ICD in several French centers.

Method and results: Consecutive BrS Patients implanted an ICD for primary or secondary prevention were studied. Per- and post-implantation complications, and ICD programming controls were recorded. Patients or relatives were also contacted by telephone to check last news (alive or died). We studied 51 patients (mean age of 46.7±10.5 years, 10% of female). Symptomatic type 1 ECG pattern was found in 40 (78%) of patients and atrial fibrillation in 6 (12%). Prior to ICD implantation, No symptom, Syncope, and aborted cardiac arrest were found in 19 (37%), 24 (47%), and 8 (16%) patients respectively. During a median follow-up period of 76±41.7 months (at 1 to 192), appropriate ICD shocks occurred in 11 (21.5%) patients of whom 90% had spontaneous coved type ECG, 40% had previous syncope and 60% already have experienced aborted SCD. Seven (13.7%) patients had inappropriate shocks (IS), of whom 5 (71.4%) in asymptomatic, 26.8% in syncope group, and none in resuscitated group. Other Complications were reported in 10 (19.6%) patients. Lead fracture, Lead dislodgement, pneumothorax, pocket infection, myocardial perforation, and re-operation for any reason occurred in 4 (7.8%), 2 (3.9%), 1 (1.9%), 1 (1.9%), and 9 (17.6%) respectively. The incidence of IS is higher in asymptomatic vs symptomatic patients if we consider the confidence interval of 90% (p=0.07) in this rare disease, whereas other complications had similar rate occurrence.

Conclusion: ICD was shown to be an effective therapy in symptomatic patients, particularly those in previous cardiac arrest. However, the high rate of therapy inappropriate therapies recommends to accurately assess the risk-benefit of cardioverter-defibrillator and avoid this treatment in asymptomatic patients.