Methods: From a multicentric French registry (DAI-PP Registry, 2002-2012), 5547 consecutive patients, with coronary artery disease or dilated cardiomyopathy, were implanted with an ICD in the setting of primary prevention. From 5338 (96%) patients with full information, we determined prevalence, independent associated factors and prognosis of the occurrence of early (within 30 days post implantation) complications.

Results: Early complications occurred in 709 patients (13.5%), mainly related to lead dysfunction or hematoma (56%). Independent associated factors to early complications were renal impairment (clearance <30ml/min, OR=1.69, 95% CI 1.19-2.41, P<0.001), cardiac resynchronization therapy (OR=1.61, 95% CI 1.17-2.21, P=0.004), anticoagulant therapy (OR=1.30, 95% CI 1.04-1.63, P=0.02) and older age (OR=1.02, 95% CI 1.01-1.02, P=0.03). During a mean follow-up of 3.1±2.5 years, 834 patients experienced ≥1 complication (15.6%); mainly inappropriate therapies and/or lead dysfunction (7.5%). After consideration of potential confounding factors, early complications were significantly associated with the occurrence of late complications (OR=2.13, 95% CI 1.73-2.66, P<0.0001) and a higher risk of overall mortality (OR=1.48, 95% CI 1.17-1.88, P=0.001).

Conclusions: Early complication is a frequent event after ICD implantation occurring in one out of six patients. These events are associated with a significant increase of late complications and overall mortality.

0456
Therapeutic management in ambulatory elderly patients with atrial fibrillation: the SAGES cohort
Olivier Hanon (1), Jean-Sébastien Vidal (1), George Psica (1), Linda Benattar-Zibi (2), Philippe Bertin (3), Gilles Berrut (4), Emmanuelle Corbule (5), Genevieve Denumeaux (6), Bruno Falissard (5), Francoise Foret (7), Florence Pasquier (8), Michel Pinget (9), Rissane Oubrahim (10), Laurent Becquemont (11), Nicolas Danchin (12)

Few data on therapeutic management of patients over 80 years with non-valvular atrial fibrillation (AF) are available in general population.

Objectives: The objectives of the AF-SAGES cohort (Sujets AGÉS) were to describe real-life therapeutic management of non-institutionalized elderly subjects with AF according to age groups, i.e., 65-79 and ≥80 years and to determine factors associated with anticoagulant treatment.

Methods: General practitioners recruited 1072 patients aged ≥65 years old between 2009 and 2011. General characteristics were first evaluated in the overall sample and according to age groups and use of anticoagulant treatment at inclusion.

Results: Mean age was 78.0 (SD 6.5) years and 42% were older than 80 years. In the overall sample, 19% of patients had paroxysmal AF, 15% persistent, 56% permanent and for 10% AF type was unknown. Vitamin K antagonists (VKA) were used in 77% of patients, antiplatelet therapy in 17% and 12% of patients did not receive any antithrombotic treatment. There were no differences between age-groups (<80 or ≥80 years) for VKA (78 vs. 76%, p=0.58). Rate control drugs were more frequently used (55%) than rhythm control drugs (37%). Class I and Class II antiarrhythmic drugs were less often used in octogenarians than in younger patients (5.6% vs. 12.3%, p=0.001 and 36 vs. 41%, p=0.05). Among patients ≥80 years old, VKA use was associated with permanent AF younger age and cancer. Among patients <80 years old, the use of VKA was associated with permanent AF and preserved functional autonomy. HAS-BLED and HEMORRHAGES scores were associated with non-use of VKA in subjects ≥80 and <80 years, CHADS2 and CHADS2-VASc scores were not associated with VKA use in both groups.

Conclusions: We observed a higher use of anticoagulant therapy in elderly AF outpatients even after 80 years when compared with previous studies. These results suggest that recent international guidelines are better implemented in the elderly population.

0037
Is the risk of atrial fibrillation dependent on the mechanism of tachycardia in patients with history of paroxysmal supraventricular tachycardia?
Béatrice Brombilla-Perrot (1), Jean-Marc Sellal (1), Arnaud Olivier (1), Vladimir Manenti (1), H.Khachab (1), Thibaut Villemain (1), Daniel Beurrier (1), Damien Voillot (1), Nicolas Girerd (2)
(1) CHU Nancy Brabois, Cardiologie, Vandœuvre Les Nancy, France – (2) INSERM, Centre d’Investigations Cliniques 9501, Université de Lorraine, Vandœuvre Les Nancy, France

Purpose of the study: to evaluate the role of the mechanism of paroxysmal supraventricular tachycardia (SVT) on the incidence of spontaneous atrial fibrillation (AF). The relation between SVT and AF is well-known but its frequency could depend on the mechanism of SVT.

Methods: 1559 patients, mean age 49±19 years, with SVT and without anterograde conduction over an accessory pathway (AP) were referred for electrophysiological study (EPS), performed in control state and after isoproterenol.

Results: SVT was related to atrioventricular nodal re-entrant tachycardia (AVNRT) in 1262 patients (group I), either typical (n=1180) or atypical (n=183). In 297 patients SVT was related to atrioventricular re-entrant tachycardia (AVRT) due to a concealed AP (group II). At the initial evaluation 47 group I patients (4%) (44 of group IA, 4%, 3 of group IB, 2%) of group II (2%) had presented at least one episode of sustained AF (NS). During follow-up (mean 3±2 years), 97 patients developed AF, 86 of group I (71 of group IA, 6%; 15 of group IB, 8%), 11 of group II (4%). AF risk was higher in group I than in group II (p<0.045); differences remain significant for group IA/IB. When patients with AF at first study were excluded AF risk was similar in all groups: 5% of group I (4% of group IA; 6.5% of group IB) (0.06) and 3% of group II. Ablation of slow pathway/AP was performed in 1099 patients, 67% of group I (69% of group IA; 51% of group IB), 64% of group II (NS). AF risk was paradoxically higher in patients in whom ablation was performed in group I (6.7% in group IA, 7% in group IA, 13% in group IB), compared to patients without ablation (4% in group I, 4% in group IA, 3% in group IB, p=0.022) and was unchanged in group II (4% after ablation and 3% in patients without ablation).

Conclusions: AF-related SVT was rare (3%), independent on the mechanism of SVT. The risk of subsequent AF after a follow-up of 3 years increased to 6% and was near 5% in patients without AF at initial evaluation; it was only higher in patients with atypical AVNRT than in patients with AVRT. The risk was not affected by the ablation of the slow pathway or the AP.

0173
Is oral anticoagulation needed in patients with atrial fibrillation, stent implantation and low-moderate risk of stroke?
Laurent Fauchier (1), Francisco Marin (2), Christophe Saint Etienne (1), Juan Miguel Ruiz Nodar (3), Fabrice Ivanes (1), Sergio Manzano-Fernandez (2), Denis Angoulvant (1), Mariano Valdes (2), Greg Lip (4)
(1) CHU Trousseau, Cardiologie, Tours, France – (2) Hospital Universitario Virgen de la Arrixaca, Murcia, Espagne – (3) Hospital General Universitario, Alicante, Espagne – (4) University of Birmingham, Cardiovascular medicine, Birmingham, Royaume-Uni

Thromboprophylaxis for patients with coronary artery disease and atrial fibrillation (AF) is an issue when patients undergo intracoronary stent placement and several recent guidelines propose slightly different management.

Methods: All patients with AF and stent implantation seen between 2000 and 2010 in 3 academic hospitals were identified in a database and followed up for mortality, stroke and bleeding events.

Results: Among all patients seen between 2000-2010, 343 had AF, coronary stent placement and CHADS2 score<0 or 1. In these patients, OAC was