or poor-tolerated AFL. Clinical history, other arrhythmias as atrial fibrillation (AF), data of echocardiography were collected. The patients were followed from 3 months up to 10 years.

**Results:** Women tended to be older than men (65.5±12 vs 64±11.5 years) (p<0.08). Underlying HD was as frequent in women as in men (76%). HD nature differed: women had more congenital HD (10 vs 2%, p=0.0001), more valvar HD (17.5 vs 10%, p=0.01), more left ventricular failure (4.5 vs 10%) (p=0.01), less ischemic HD (5 vs 20%) (p=0.0000) than men. Hypertensive HD, dilated cardiomyopathy or various HD’s did not differ. Previous history of AF was more frequent in women (31.5%) than in men (26%) (p=0.012). AFI-related rhythmic cardiomyopathy tended to be less frequent in women than in men (4 vs 8%) (p=0.07). Presentation with 1/1 AFI was as frequent in women as in men (10% vs 7%). AFIation-related major complications as complete AV block, death or cardiac shock were more frequent in women than in men (4 vs 1%) (p=0.004). After 3±3 years, AFI recurrences tended to be less frequent in women than in men (8.5 vs 13%) (p=0.06). AF occurrence was more frequent in women than in men (24 vs 14%) (p=0.0002). Among these patients 66% of women and men had no history of AF before AFI ablation. Their risk of AF remains higher in women than in men (16% vs 8%) (p=0.007).

**Conclusions:** There gender-related differences in the prevalence, clinical presentation, ablation-related complications and AF incidence. AFI is less common in women than in men, despite similar age and as frequent as underlying HD. The risk of AFI ablation-related major complications is higher in women than in men. Women have more frequently history of AF and an independent higher risk than men of developing AF after ablation of atrial flutter.

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**Impact of frailty and dependence on anticoagulant treatment prescription in older persons with atrial fibrillation**

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**Introduction:** Studies have documented the underuse of oral anticoagulant therapy (OAC) as stroke prophylaxis in older persons with history of atrial fibrillation (AF). Failure to prescribe OAC is often due to the perception by physicians of bleeding because of specific older people clinical factors.

We performed a prospective observational study in the University Hospital of Reims, whose aim was to evaluate the management of thromboembolic risk in older patients in everyday-life hospital practice and impact of frailty and dependence objective parameters.

**Method:** 150 AF patients over 75 years were consecutively included over a period of four months. Clinical and biological data, risk scores for bleeding (HASBLED) and thrombo-embolic events (CHADS and CHADSVASc) were computed. Several scores and parameters of assessment of autonomy and risk of falling were independently recorded: MMS (Mini-Mental Status), ADL (Activities of Daily Living) and IADL (Instrumental ADL).

**Results:** Mean age was 83±13 years (75 men). At discharge, 69.8% of patients were under OAC. Mean CHADS, CHADSVASc and HASBLED score were respectively 2.2±0.7, 4±0.1 and 2.3±0.1; all patients had a CHA DS VASc score ≥2 and 86% a CHADS 2. The HASBLED score was associated with non-prescription of anticoagulation (p=0.001), while none of the thrombo-embolic scores was significantly associated with prescription. Specific studied parameters are in table.

**Conclusion:** In our study of everyday practice, there is an underuse of anticoagulation in the elderly compared to guidelines, mainly because the perception of the hemorrhagic risk prevails over the thrombo-embolic risk. Specific geriatric parameters could help to choose the appropriate therapy.

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**Oral anticoagulation therapy in older patients with atrial fibrillation: an evaluation of daily practice with regard to guidelines and scores in a cohort of 142 patients**

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**Introduction:** Age is a major thrombo-embolic risk factor in atrial fibrillation (AF), but also a risk factor for bleeding under oral anticoagulation therapy (OAC). However, it appears that older patients are inadequately treated with OAC.

The objective of our study was to evaluate the use of OAC in elderly patients hospitalised in a cardiology department according to current guidelines.

**Method:** Over a 4-month period, 142 patients over 75 years old with history of AF were included. Clinical and biological data were recorded, and risk scores for bleeding (HASBLED) and thrombo-embolic events (CHADS, and CHADSVASc) were independently assessed after discharge. The differences between bleeding and thrombo-embolic risk were calculated for each patient. Patients with OAC at discharge and patients without OAC were compared.

**Results:** Mean age was 83±13 years (75 men). Mean CHADS, CHADSVASc and HASBLED scores were respectively 2.6±0.1, 4±0.1 and 2.3±0.1. According to CHADSVASc score and guidelines all of the patients were eligible for OAC. However 47.8% of patients were not under OAC. Those patients were older (84.6±0.6 vs. 81.8±0.5; p=0.001), predominantly female (66 vs 35%; p=0.001) with a higher serum creatinine (127.3±7.3 vs. 106±6.3; p=0.03) and HASBLED score (2.7 vs 2.16; p=0.001). OAC use was not associated with CHADS and CHADSVASc scores values.

<table>
<thead>
<tr>
<th>Anticoagulation</th>
<th>OAC</th>
<th>No OAC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (years)</td>
<td>81±8.0</td>
<td>86±6.0</td>
</tr>
<tr>
<td>Creatinine (µmol/l)</td>
<td>106±7.3</td>
<td>127.3±6.3</td>
</tr>
<tr>
<td>Dependency (%)</td>
<td>27</td>
<td>54</td>
</tr>
<tr>
<td>Dementia (%)</td>
<td>4.1</td>
<td>14.7</td>
</tr>
<tr>
<td>High risk of falling (%)</td>
<td>0</td>
<td>20</td>
</tr>
<tr>
<td>MMS score</td>
<td>21.4±1.2</td>
<td>20.1±1.1</td>
</tr>
<tr>
<td>ADL score</td>
<td>5±0.3</td>
<td>3.8±0.4</td>
</tr>
<tr>
<td>IADL score</td>
<td>2±0.2</td>
<td>2.4±0.4</td>
</tr>
</tbody>
</table>

**Conclusion:** Our study in daily practice confirms that OAC in older patients with AF are underused and that the bleeding risk may be over-rated and/or thrombo-embolic risk under-estimated. However, specific risk factors in older patients may not be included in currently used scores.

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**Patients over 75 years of age with and without atrial fibrillation: characteristics and differences in a hospital cohort of 357 patients**

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**Introduction:** Characteristics of patients with atrial fibrillation (AF) are well known, however the patients included in published studies are usually younger than patients encountered in daily practice in hospital.