pressure (BP) followed by calculation of spontaneous baroreflex value (Finometer PRO). Approaches to automatic activity modulation included atrial sympathetic ganglia ablation and pulmonary veins isolation. Renal artery ablation (RAA) was performed in presence of resistant hypertension.

Results: Autonomic regulation of circulation was characterized by decrease in parasympathetic and increase in sympathetic influence on the heart, particularly, in patients with diurnal paroxysmal AF. At the same time, arterial baroreflex magnitude was significantly higher in patients with AF related to enhanced sympathetic activ-  

ation in comparison with control. Ablation of atrial sympathetic ganglia was accompanied by reduction of AF recurrence rate. However, this effect was less evident in comparison with the effect of pulmonary veins isolation. Moreover, HRV restoration in 3 months after ablation of sympathetic ganglia indicates the nondurable effect of this procedure. In the end, baroreflex restoration after RAA observed before may be an important mechanism of not only BP lowering but also reduction of AF paroxysms rate.

Conclusion: Disorders of autonomic regulation of circulation is an important mech-  

anism of arrhythmogenesis, so its modulation can be used in patients with AF as a therapeutic strategy.

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A Survey of Concordance of Anticoagulant Therapy Administration in Atrial Fibrillation According to Guidelines: A Secondary Care Center Experience

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Objective: Atrial fibrillation (AF) is the most prevalent permanent rhythm disturbance. For the diagnosis and treatment of AF numerous guidelines have been  

created. We studied the data about implementation of risk calculation (CHA2DS2- VASC score) which was suggested by European Society of Cardiology (ESC) for prevention of stroke is very limited. Our aim was to document the data about implementation of guidelines and CHA2DS2-VASC score in AF treatment by current ESC recommendations.

Materials-Methods: The patients who had been following up with diagnosis of AF admitted to cardiology outpatient units, retrospectively were included into present study in 2012. With registration of clinical and demographic properties of patients CHA2DS2-VASC scores and treatment applications were investigated. According to the result of International Normalized Ratio (INR) workup at last 1 year, the success of anticoagulant therapy was evaluated.

Results: In the year of 2012 among 2303 patients who were admitted to cardiology outpatient clinic, 137 (6.2%) patients were diagnosed with AF. Of 128 patients that were recruited to study, 83 (64.8%) were women. Mean age was 67.5 ± 10.9 years. Mean CHA2DS2-VASC score was found 3.36 ± 1.77. Among 108 patients whose CHA2DS2-VASC score was ≥ 2 and who have to use anticoagulant therapy, 71 (65.7%) patients were using warfarine and 1 (0.9%) was using rivaroxaban. Sixty six patients (51.6%) were using acetylsalicylic acid. Even though warfarine was initiated, discontinuation rate of treatment was 10.2%. According to retrospective evaluation of INR levels, it was seen that in 71.1% of patients therapeutic targets were established.

Conclusion: Data of patients who were following up and treated with diagnosis of AF in cardiology outpatient clinic showed that ESC guidelines were taken into consideration, but difficulty in follow up of warfarine efficacy and concerns about drug-food interactions lead important number of patients not to use oral anti-  

couagulation, but instead lead them to use acetylsalicilic acid in higher rates of guideline suggestions.

PP-161

Effect of Cigarette Smoking on Tp-e interval, Tp-e/QT Ratio and Tp-e/QTC Ratio

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Introduction: Cigarette smoking increases the risk of sudden cardiac death. Smoking may predispose to ventricular fibrillation and sudden cardiac death by altering ventricular repolarization and enhancing sympathetic nervous system activity. We aimed to study the effects of smoking on ventricular repolarization.

Methods: We studied 107 healthy subjects. 24-long term ECG recordings (10 women, mean age: 40.1 ± 5 years) constituted the study group, 23 non-smokers (10 women, mean age: 42 ± 10 years) constituted the control group. ECG was obtained from all subjects. Tp-e interval, Tp-e/QT ratio, Tp-e/QTC ratio were measured. These parameters were compared between the groups.

Results: There was no significant difference at the basic clinical and echocardiographic variables (p > 0.05). QT interval and QTc interval were similar between smokers and non-smokers. Tp-e interval (p = 0.001) and Tp-e/QT (p = 0.003) ratio were higher in heavy smokers compared to non-smokers. Tp-e/QTC ratio (p = 0.001) was also higher in smokers. Other ECG parameters were similar between smokers and non-smokers groups.

Conclusion: Tp-e interval, Tp-e/QT ratio and Tp-e/QTC ratio are prolonged in heavy smokers.

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The Assessment of Left Ventricular Mechanics in Patients with Isolated Left Bundle Branch Block

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Background: Left bundle branch block (LBBB) is characterized by early septal radial inward thickening, followed by late posterior inward thickening. This results in a significant left ventricular (LV) dysynchrony. LBBB, which is associated with increased mortality, may impair the mechanical functions of LV. In this study, we aimed to evaluate cardiac mechanics in patients with isolated LBBB using speckle tracking echocardiography (STE).

Methods: The study was conducted on 45 patients who were admitted to cardiology clinic between October 2012 and April 2013. Patients with chronic obstructive lung disease, history of coronary artery disease, diabetes mellitus, primary pulmonary hypertension, constrictive pericarditis, moderate or severe mitral and/or aortic stenosis and regurgitation, and poor imaging quality were excluded. The patients with isolated complete LBBB (n = 14) and incomplete LBBB (n = 11) were included as group 1 and 2, respectively. The group 3 was composed of healthy individuals (n = 20). All patients provided written informed consent prior to transhoracic echocardiographic examination.

In STE examination, the LV apical four- and two-chamber images and short-axis views at basal, mid-papillary and apical levels at frame rates between 40 and 80 frames/sec were used for assessing 2D LV longitudinal, radial, circumferential strains and rotation. The LV twist was calculated as an absolute apex-to-base difference in LV rotation. Results: The mean age of the study population was 45 ± 12 (F: 27, M: 19). There were no significant differences between the groups in terms of age and gender. Group 1 and 2 had significantly lower 4C (17.6 ± 1.7 vs. 20.3 ± 1.3, p < 0.001 and 18.5 ± 1.8 vs. 20.1±1.3, p:0.012, respectively), LAX (17.5 ± 1.5 vs. 19.8±1.5, p:0.001 and 18.4±1.7 vs. 19.8±1.5, p: 0.023, respectively) and 2C (17.7±1.4 vs. 20.1±1.4, p:0.018, respectively) peak longitudinal strain values compared to group 3. No statistical difference was observed between Group 1 and group 2 regarding 4C (17.6 ± 1.7 vs 18.5±1.8 p:0.245), LAX (17.5 ± 1.3 vs 18.4±1.7, p:0.206) and 2C (17.7±1.4 vs 18.5±1.9, p:0.236) peak longitudinal strain values. LV twist was not significantly different between group 2 and 3 (4.4 ± 2.5 vs. 4.3 ± 2.7). However, LV twist was significantly reduced between Group 1 and 2 (2.2 ± 0.7 vs. 12.3±1.6 (p:0.027 and 12.3±1.6 vs 14.7±1.4 p:0.001, respectively).

Conclusion: LV twist and peak longitudinal strain values are impaired in patients with isolated complete LBBB, in contrast to patients who had incomplete LBBB or non- LBBB echocardiography.

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Heart Rate Variability Parameters of Aviators With Ventricular Premature Beats Detected on Surface Electrocardiography

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Introduction: Ventricular premature beats (VPBs) may give important clues for cardiac arrhythmias that can cause hazardous results in aviation by incapacitating the pilot particularly in acute phases of flight (takeoff and landing). Some changes can happen in heart rate variability (HRV) during flight. VPB represents the beat-to-beat variation in cardiac cycle, is thought to reflect autonomic modulation of the sinus node, namely parasympathetic and sympathetic modulations, and sympathovagal interaction. We compared the HRV parameters of pilots with VPBs detected on ECG to figure out whether there is an association between the flight stresses and autonomic functions of the heart.

Material-Methods: 43 male pilot (age ranging from 25 to 42) who applied to Turkish Aeromedical Research and and Training Center for their routine examinations and have VPBs detected on surface ECG and because of this underwent 24-hour Holter monitoring were included in this study. All data was retrospectively analyzed and any pilot with cardiovascular disease accompanied was excluded. After obtaining their medical history, all aviators underwent a complete physical examination, chest X-ray, ECG, transhoracic echocardiography (TTE), 24-hour Holter monitoring, CBC and biochemical blood