etiology may allow physicians to ensure better care for patients, in particular for those suffering from ventricular arrythmias. However, a specific diagnosis is not often searched for. The objective of this study is to assess the paraclinical evaluation carried out for patients suffering from NICM in a tertiary care center.

Methods Each patient suffering from a NICM and referred to Bordeaux's University hospital for ventricular tachycardia ablation or implantable cardioverter defibrillator implantation between 2007 and 2014 were include. Data concerning demographic characteristics, medical tests and outcome were collected. We tried to assess the usefulness of additionnal tests for the diagnosis of NICM.

Results We did a monocentric observationnal descriptive study about 135 adult patients. Every patient had a TTE and a CA, 46.7% of them had a MRI-scan, 34.8% had a CT-scan, 14.8% had a genetic testing, 1.5% had a PET-scan, and 0.7% had a heart biopsy. Performing additionnal tests was useful in 38% of our patients: it changed the diagnosis in 10% of cases and allowed to make a specific diagnosis in 28% of cases. Over the study period, we observed a significant increase of the number of MRI-scans and CT-scans performed, evidence of a change of practices. However 24% of overall patients only had TTE and CA with no additional tests performed and were diagnosed a NICM by default.

Conclusion Despite a change in practices over the past years, not all patients suffering from NICM have additional investigations. Yet, these tests are often valuable, and the knowledge of a specific etiology can lead to a better patient care and an early family screening.

The author hereby declares no conflict of interest

January 15th, Friday 2016

0111

Evolution of incidence and one-year outcomes of cardiogenic shock in acute myocardial infarction from 1995 to 2010. The FAST-MI programme

Nadia Aissaoui (1), Etienne Puymirat* (1), Patrick Ohlmann (2), Gregory Ducrocq (3), Hakim Benamer (4), Jean Ferrieres (5), Francois Schiele (6), Simon Tabassome (7), Nicolas Danchin (7)
(1) APHP-Hôpital Européen Georges Pompidou (HEGP), Paris, France – (2) CHU Strasbourg, Strasbourg, France – (3) APHP-Hôpital Bichat-Claude Bernard, Paris, France – (4) Hôpital Foch, Suresnes, France – (5) CHU Toulouse, Rangueil, Toulouse, France – (6) CHU Besançon, Jean Minjoz, Besançon, France – (7) APHP-Hôpital Saint-Antoine, Paris, France
*Corresponding author: etiennepuymirat@yahoo.fr (Etienne Puymirat)

Rationale Cardiogenic shock (CS) at the acute stage of MI remains a major concern. Information on its incidence over the past 20 years is discrepant, and little is known of the evolution of long-term mortality over the years.

Methods and results We analysed the incidence and one-year mortality of CS in 4 nationwide French survey carried out 5 years apart from 1995 to 2010. Consecutive STEMI and NSTEMI patients (≤48 hours from onset) were recruited over one-month periods. Among 10610 patients included in the 4 surveys, 614 (5.8%) had CS. Incidence of CS decreased (6.9% in 1995; 4.0% in 2010, p<0.001), both for STEMI and NSTEMI. Pts with CS were older than those without (74±12 vs 66±14y); mean age of CS pts remained unchanged. In CS pts, use of PCI increased from 20% to 73%, and in STEMI patients with CS, reperfusion therapy increased from 40% to 72%. Thirty-day mortality (56.2% vs 4.3%) and one-year mortality (66.6% vs 10.3%) were considerably higher in CS pts. Over the 15-year period, one-year mortality decreased for both pts with (75% to 51%, P<0.001) and without CS (15% to 7%, P<0.001). By Cox multivariate analysis in the whole population, both time period and presence of CS were independent predictors of one-year mortality. In CS pts, age, diabetes, higher BMI and type of MI (STEMI), were independent correlates of increased one-year death, while time period was associated with reduced mortality (HR:2010 vs 1995=0.57; 95% CI: 0.40-0.83, along with early use of PCI and medications at the acute stage.

Conclusion In these 4 nationwide surveys conducted 15 years apart, the incidence of CS decreased and one-year mortality of CS patients significantly decreased. Although improved survival was associated with a broader use of PCI and appropriate medications at the acute stage, the fact that time period remained an independent predictor of improved outcomes suggests improved overall process of care.

The author hereby declares no conflict of interest

0370

The prognostic significance of atrial fibrillation in heart failure with preserved ejection function: insights from KaRen, a prospective and multicenter study

Christian Bosseau (1), Erwan Donal* (2), Lars Lund (3), Emmanuel Oger (2), Cecilia Linde (2), Jean-Claude Daubert (2)
(1) CHU Rennes, Rennes, France – (2) CHU Rennes, Pontchaillou, Rennes, France – (3) Karolinska Hospital, Stockholm, Suède
*Corresponding author: erwan.donal@chu-rennes.fr (Erwan Donal)

Introduction The prognostic value of atrial fibrillation (AF) in heart failure with preserved ejection fraction (HFPEF) remains controversial. The objective of the KaRen (Karolinska-Rennes) sub-study was to explore this question.

Methods KaRen was a prospective, multicenter, international, observational study intended to characterize HFPEF; 538 patients presenting acute decompensated cardiac failure with a left ventricular ejection fraction >45% were included. A physical exam as well as an EKG and an echocardiogram were scheduled 4-8 week following the index hospitalization, and the patients were evaluated at 6-month intervals.

We compared clinical and echocardiographic characteristics of patients in sinus rhythm vs. patients with documented AF upon their 4-8-week visit. The primary study endpoint was death from any cause or first hospitalization for decompensated heart failure (HF).

Results A total of 413 patients (244 patients in sinus rhythm and 134 in AF; 32% of overall population) were analyzed, with a mean follow-up period of 28 months. The patients were primarily elderly individuals (76.2 years), with a slight female predominance and a high prevalence of comorbidities. The baseline echocardiographic characteristics and the natriuretic peptide levels were indicative of a more severe heart condition among the patients with AF. However, the patients with AF exhibited a similar survival-free interval compared with the patients in sinus rhythm (p=0.89). Similar survival was observed according to patients' heart rhythm on enrolment (decompensated HF) or according to patients' cardiac history. Heart rate (stratified in tertiles), neurohormonal blockade or anticoagulant treatments at the 4-8-week visit were not independent predictors of outcome.

Conclusion In this HFPEF population with a high prevalence of non-cardiovascular comorbidities, the presence of AF was not associated with a poorer prognosis despite impaired clinical and echocardiographic features.

The author hereby declares no conflict of interest

0087

Sleep apneas treatment during cardiac rehabilitation can improve heart failure prognosis? SATELIT-HF study: sleep apnea treatment during cardiac rehabilitation of CHF patients

Marie Christine Iliou (1), Sonia Corone* (2), Barnabas Gellen (3), Thierry Denolle (4), Frederic Roche (5), Anne Bellemain-Apaix (6), Muriel Bigot (7), Marie Emilie Lopes (8), Jean-Louis Bussiere (9), Christian Darné (9)
(1) APHP-Hôpital Corentin-Celton, Issy les Moulineaux, France – (2) CH Bligny, Briis Sous Forges, France – (3) APHP-Hôpital Albert-Chenevier, Créteil, France – (4) Hôpital Arthur Gardiner, Dinard, France – (5) CHU St- Etienne., Saint Priest En Jarez, France – (6) La maison du Mineur, Vence, France – (7) Clinique Cardiocéan, Puilorbeau, France – (8) Clinique de la Mitterie, Lhomme, France – (9) Clinique de Châtillon, Châtillon, France
*Corresponding author: soniacorone@hotmail.com (Sonia Corone)

Background Sleep-disordered breathing (SDB) is commonly in chronic heart failure (CHF) patients.

Exercise training (ET) improves exercise tolerance and reduces cardiac decompensations in CHF population. Otherwise, ventilation therapy (VT) improves prognosis and exercise capacity in CHF patients with SDB. However, the effect of the combination therapy: ET and VT is still unexplored. The aim of our study is to evaluate the effects on hemodynamic status (cardiac decompensations) of ET and VT in stable CHF patients referred to cardiac rehabilitation (CR).

Methods We included 118 stable CHF patients with an apnea-hypopnea index (AHI) >15/h diagnosed by polygraphy. They were randomized into exercise training (ET group n=58) or combined exercise and ventilation (ET+VT group n=60). The follow up period was the 8 weeks during which 20 exercise training sessions were scheduled. Severe episodes of cardiac decompensations were recorded.

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