UNITED STATES EXPERIENCE WITH ATRIAL FLUTTER ABLATION: A STUDY OF TRENDS IN UTILIZATION, DEMOGRAPHIC DISPARITIES AND OUTCOMES USING THE NATIONWIDE INPATIENT SAMPLE DATABASE FOR YEARS 2003-2010

Poster Contributions
Hall C
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Background: Atrial Flutter (AFL) is a common arrhythmia treated effectively with catheter ablation. However, trends in utilization of this highly successful therapy have not been systematically evaluated.

Methods: We used the Nationwide Inpatient Sample database (the largest all-payer database in the US) to identify all patients who were admitted to the hospital between 2003-2010 with a principle diagnosis of AFL. We evaluated the trends of catheter ablation, disparities in its utilization and its outcomes in this group.

Results: During 2003-2010, there were a total of 387,903 hospitalizations with AFL in the US (mean 48,487 per year). Of these 88,608 (22.8%) underwent a catheter ablation. Males (25.4% vs 18.1% in females, p<0.001), Caucasians (22.9% vs 19.8% in African Americans, p=0.02), age≤85yrs (24.0% vs 10.4% in age≥85yrs, p<0.001) and patients with private insurance (26.8% vs 21.6% of medicare vs 19.3% of Medicaid patients, p<0.01) were more likely to undergo an ablation when admitted with AFL. These disparities persisted throughout the study period. Overall mortality associated with AFL ablation was 0.2%. Patients with age≥85 yrs had significantly higher mortality (1.7%, p<0.001) which has been trending down in the recent years.

Conclusions: In this real-world, multi-year large population-based study, we note that AFL ablation is a relatively safe procedure. However significant disparities exist in utilization of this therapy based on gender, race and payer subgroups.