## Acute Coronary Syndromes

## ATRIAL FIBRILLATION IS A STRONG AND INDEPENDENT PREDICTOR OF POOR OUTCOME AMONG PATIENTS UNDERGOING PERCUTANEOUS CORONARY INTERVENTION: FINDINGS FROM THE BLUE CROSS BLUE SHIELD OF MICHIGAN CARDIOVASCULAR CONSORTIUM

## Poster Contributions

Poster Hall B1
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Session Title: Epidemiology of ACS Events: Of Comorbidity and Long Term Trends
Abstract Category: 2. Acute Coronary Syndromes: Clinical
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Background: Atrial fibrillation (AF) is increasing in prevalence, and patients with AF commonly undergo percutaneous coronary intervention ( PCl ). There is a paucity of data on the association between AF and clinical outcomes after PCl .
Methods: Data on 90,260 PCI cases from 47 hospitals performed between July 2011 and March 2014 were utilized for the analysis. Propensity-matched multivariate analysis was used to adjust for differences in baseline characteristics.
Results: A history of AF was present in 10,760 patients ( $12 \%$ ). Patients with AF were older ( 72 vs. 64 years) and more likely to have chronic lung disease ( $28 \%$ vs. $18 \%$ ) and congestive heart failure ( $38 \%$ vs. $13 \%$ ). Patients with AF were more likely to be treated with a bare metal stent ( $28 \%$ vs. $17 \%$ ) or balloon angioplasty only ( $12 \%$ vs. $10 \%$ ). Patients with AF were also more likely to have in-hospital complications or die ( $3 \%$ vs. $1 \%$ ). In risk adjusted matched analysis, the presence of AF was associated with an increased risk of requiring blood transfusion, bleeding, development of cardiogenic shock, and in-hospital mortality (figure). No difference was seen in risk of requiring dialysis after PCl .
Conclusion: Atrial fibrillation is common among patients undergoing PCl . AF is associated with older age and the presence of other comorbidities and is an independent predictor of in-hospital mortality and other complications.


