



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

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Session Title: Epidemiology of ACS Events: Of Comorbidity and Long Term Trends Abstract Category: 2. Acute Coronary Syndromes: Clinical Presentation Number: 1104-059

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Background: Atrial fibrillation (AF) is increasing in prevalence, and patients with AF commonly undergo percutaneous coronary intervention (PCI). There is a paucity of data on the association between AF and clinical outcomes after PCI.

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. 17%). 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 PCI.

Conclusion: Atrial fibrillation is common among patients undergoing PCI. AF is associated with older age and the presence of other comorbidities and is an independent predictor of in-hospital mortality and other complications.

