**Arrhythmias and Clinical EP**

**BURDEN OF ARRHYTHMIAS IN PATIENTS WITH ALCOHOLIC CARDIOMYOPATHY: FINDINGS FROM THE NATIONWIDE INPATIENT SAMPLE 2003-2011**

Poster Contributions
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**Background:** Arrhythmias are a well-known complication of alcoholic cardiomyopathy (ACMP); however, there are limited data on the burden of arrhythmias and their association with outcomes in ACMP patients.

**Methods:** We used the 2003-2011 Nationwide Inpatient Sample Databases to identify all patients aged ≥ 18 years hospitalized with a primary diagnosis of ACMP (ICD-9 Code 425.5). Patients with ischemic heart disease and other non-ischemic cardiomyopathies were excluded. The various arrhythmias were identified using appropriate ICD-9 codes. Multivariable adjusted logistic regression was used to analyze the association of arrhythmias with in-hospital outcomes.

**Results:** From 2003-2011, of the 7,609 patients admitted with ACMP (mean age 51±12 years, 87.6% men), 33.3% (2,534 patients) had documented arrhythmias. Atrial fibrillation (AF) (21.8%) was the most common arrhythmia followed by ventricular tachycardia (VT) (10%), atrial flutter (5.3%), ventricular fibrillation (VF) (1.8%) and supraventricular tachycardia (SVT) (1.1%). AF (22.6% vs 15.8%, p<0.001) and atrial flutter (5.7% vs 2.7%, p<0.001) were more common in men, whereas VF was more common in women (3.4% vs 1.6%, p<0.001). ACMP patients with arrhythmias had a higher in-hospital mortality compared to those without arrhythmias (5% vs 2.8%, adjusted OR 1.62, 95% CI 1.22-2.15, p=0.001), AF (adjusted OR 2.11, 95% CI 1.51-2.96, p<0.001) and VF (adjusted OR 6.6, 95% CI 3.63-12.02, p<0.001) were independently associated with higher in-hospital mortality; however, atrial flutter and SVT were not. Patient with arrhythmias had significantly longer average length of stay (7 days vs 5 days, p<0.001) and higher average total hospital charges ($53,304 vs $32,653, p<0.001).

**Conclusion:** Arrhythmias were present in one-third of ACMP patients with AF and VT being the most common arrhythmias. ACMP patients with arrhythmias had higher in-hospital mortality, longer length of stay and higher average hospital charges than those without arrhythmias. These findings highlight the burden of arrhythmias as part of the clinical presentation of ACMP.