0404
Prevalence of mechanical disynchrony in heart failure patients according to QRS width
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Introduction: Cardiac resynchronization therapy (CRT) has emerged as an established therapy for congestive heart failure (CHF). However, up to 30% of patients fail to respond to CRT despite prolonged QRS and some other patients respond to CRT despite thin QRS.

The aim of this study was to define the prevalence of mechanical (atrioventricular, interventricular and intraventricular) disynchrony in heart failure patients with different QRS durations.

Methods: A total of 46 patients with heart failure (dilated cardiomyopathy with LVEF < 40%, NYHA II-IV) were prospectively evaluated using 12-lead electrocardiogram and complete echocardiographic examination including tissue Doppler imaging. All the patients had sinus rhythm and the dilated cardiomyopathy was primitive in 37% of patients and ischemic in the others.

Results: According to QRS duration, 16 patients had QRS ≥150ms (group 1), 15 patients had QRS duration between 120 and 149ms (group 2) and 15 patients had QRS duration < 120ms (group 3). Interventricular disynchrony (IVD) was present in 62% of group 1, 13% of group 2 and was absent in group 3 (p=0.001). Intraventricular disynchrony (IntraVD) was present respectively in 94%, 40% and 20% of groups 1, 2 and 3 (p<0.001). However, there was no significant difference in the prevalence of atrioventricular disynchrony (AVD) between the three groups. A multiparametric approach by focusing on criteria combination found that the association of IVD + IntraVD + AVD was present only in group 1 and the combination of two criteria was seen only in group 1 and 2 with a significantly higher prevalence in group 1 (p<0,01).

Conclusion: The prevalence of mechanical disynchrony increases with the increasing QRS duration and the combination of criteria is significantly more prevalent when the QRS width is ≥150ms.

Intraventricular disynchrony can be observed in heart failure patients with a narrow QRS complex and may be useful in predicting left ventricular reverse remodeling after CRT.

The lack of dysynchrony in some patients with standard CRT indication by QRS duration may sometimes explain the non responder’s rates.

0417
Differences in outcome of heart failure with preserved or depressed systolic function in Algerian patients older than 70 years who receive beta blockers
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Introduction and objectives: Most studies have shown that prognosis of heart failure with preserved systolic function is as poor as that of heart failure with depressed systolic function, although these results may be biased by the fact that these types of heart failure have different characteristics (age, comorbidity, treatment), which can influence prognosis. Our aim was to determine whether short-term morbidity and mortality differed in these 2 subgroups of heart failure patients when they were comparable in terms of age, associated comorbidity, and therapy.

Methods: We analyzed 2 groups of patients aged >70 years who were candidates to receive beta blockers (preserved systolic function, 145; depressed systolic function, 174), consecutively discharged from 2 Algerian hospitals with a diagnosis of heart failure, and compared cardiovascular morbidity and mortality 3 months after discharge.

Results: Mean age was similar (77.5 vs 78.2 years). Left ventricular ejection fraction was 56.2%±8.1% vs 33%±6.9% (p=0.001). The combined event rate (death, hospitalization for heart failure, acute coronary syndrome, or stroke) at 3 months after discharge was lower in patients with heart failure and preserved systolic function (13.4% vs 20.6%; P=0.026). Depressed systolic function was an independent predictor of greater incidence of events (odds ratio=1.732; P=0.048).

Conclusions: In patients of similar age and receiving similar treatment, short-term prognosis is better in patients with heart failure and preserved systolic function than in those with depressed systolic function.

0479
Diuretics resistance: characteristics and outcome at the institute of cardiology at Abidjan
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Objective: Analyze the characteristics of heart failure patients with high doses of loop diuretics and can respond to the notion of resistance to diuretics.

Methods: We used the registry hospitalization years 2012 and 2013 the Department of Medicine, Institute of Cardiology of Abidjan. This was a retrospective analysis conducted from 1 January 2012 to 31 December 2013 and which led to the inclusion 490 patients hospitalized for acute heart failure.

Data on clinical features, ultrasound, biological and therapeutic were collected.

Patients were divided into 3 groups depending on the dose loop diuretics (furosemide to the prescribed output: G1 (Low doses ≤80mg / day, n=124), G2 (intermediate 81-120mg doses / d, n=99), G3 (high doses> 120mg / day, n=242).

Results: Patients in group G3 distinguished by a clinical picture dominated by the overall heart failure, a significant impairment of LVEF (90.9% vs 75.8% and 75.5%), the use of inotropic (24% vs 20.9% and 8.2%), a significant impairment of renal function at the output (19% vs 17.4% and 10.4), hyponatremia (42.9% vs 37% and 32.6%), higher levels of natriuretic peptides and a longer hospital stay (5.8±3.4 vs 5.3±3 and 5.7±3.1 days). At discharge, these patients were less frequently an ACF inhibitor (72.7% vs 75.8% and 81.6%) and a beta-blocker (14.8% VS20, 9 and 18.3%), but more frequently mineralocorticoid receptor antagonist. Large doses of diuretics to the output was associated with increased mortality in two years.

Conclusion: The use of high doses of diuretics is associated with a profile of severe heart failure and a poor prognosis. The diuretic resistance requires benefit studies to clarify its definition and management.

Keywords: Resistance to diuretics – Heart failure – Prognosis

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0184
Clinical benefit of the safer mode in a mixed dual chamber population: results from the ANSWER study
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Introduction: Several studies have shown that unnecessary right ventricular pacing (Vp) has detrimental effects. The ANSWER study evaluated whether minimization of Vp improves clinical outcome compared to standard DDD pacing in patients (pts) referred for dual chamber pacemaker implantation.

Methods: ANSWER is a randomized, long term follow-up, multicenter, international trial comparing SafeR, a mode designed to minimize Vp by promoting intrinsic conduction, to standard DDD (AV delay left to physician’s discretion). Pts enrolled suffered from sinus node disease (SND), intermittent AV block (AVB) or allegedly permanent AVB. All pts were programmed in SafeR at implant. 1 month after implant, pts were randomized 1:1 to either SafeR or DDD. All adverse events were blindly adjudicated by a Clinical