HOSPITALIZATION AND MORTALITY IN ADVANCED-AGE PATIENTS WITH ATRIAL FIBRILLATION/ATRIAL FLUTTER BUT WITHOUT HEART FAILURE IN THE UNITED STATES

OBJECTIVES: The ATHENA trial demonstrated that in patients with atrial fibrillation (AF) and/or atrial flutter (AFL), dronedarone decreased the risk of CV hospitalizations or deaths from any cause by 24% (P = 0.001). In this retrospective cohort study, we evaluated hospitalizations/mortality in three subgroups of real world US insured AF/AFL patients without heart failure (HF): 1) patients aged 265 years (with or without CV risk factors); 2) ATHENA-like patients ≥270 years and ≥2 CV risk factors); and 3) ATHENA-like patients ≥275 years. METHODS: Data for patients with evidence of non-transient AF and/or AFL in 2005 were drawn from the US MarketScan® databases from Thomson Reuters. Patients also had to have ≥12 months’ continuous enrollment pre- and post-AF/AFL index diagnosis (except for inpatient death). RESULTS: In the AF/AFL 265 years, ATHENA ≥270 years, and ATHENA ≥275 years groups, 55,774 (52.2% men), 32,262 (46.2% men) and 24,587 (43.6% men) patients, respectively, were identified. Mean follow up was 24 months in all 3 groups. Across the 3 groups, more than half of patients had ≥1 hospital admission (51.9%, 52.7%, and 54.5%, respectively) and almost 30% a hospitalization with a primary CV diagnosis (27.2%, 28.2%, and 28.7%, respectively). Inpatient deaths were reported in 1592 (2.9%) AF/AFL 265 years, 919 (2.8%) ATHENA ≥270 years, and 798 (3.2%) ATHENA ≥275 years patients. Deaths during hospitalizations for CV causes were reported in 516 (0.9%), 327 (1.0%), and 273 (1.1%) patients, respectively. CONCLUSIONS: There was a similar rate of hospitalization and mortality between the two ATHENA-like groups and the AF/AFL 265 year group. The three patient groups studied were frequently hospitalized for all causes and CV events. Dronedarone may therefore be beneficial in a large number of ATHENA-like AF/AFL patients in a real-world setting. Further studies should evaluate dronedarone in a broader range of AF/AFL patients aged ≥265 years.

RETROSPECTIVE CLAIM DATABASE ANALYSIS OF THE IMPACT OF THE ASCOT-TYPE PROFILE ON ALL-CAUSES MORTALITY AND CARDIOVASCULAR EVENTS IN HYPERTENSIVE PATIENTS WITHOUT KNOWN CORONARY HEART DISEASE IN A MEDITERRANEAN POPULATION IN SPAIN

OBJECTIVES: Mediterranean populations are traditionally considered to be associated with lower incidence of cardiovascular events (CVE). However, this lower incidence could not be homogeneous throughout different patient strata. The hypertensive ASCOT-type profile could have a different CV risk than other hypertensive subjects with different profiles. Patients with ASCOT-BPLA and ASCOT-LLA type profiles were identified and compared with non-ASCOT-type patients. RESULTS: A total of 1583 unique articles were retrieved. No one study reported that met the full eligibility criteria for ICDs or CRTs as outlined by the ESC guidelines. Fifteen studies met partial criteria and were included for review. General population prevalence estimates of persons eligible for implantation of CRT or ICD devices according to the current 2008 ESC guidelines were included. Two reviewers independently extracted data from the included studies using a standard form. RESULTS: A total of 75 years. Data for patients with evidence of non-transient AF and/or AFL in 2005 were drawn from the US MarketScan® databases from Thomson Reuters. Patients also had to have ≥12 months’ continuous enrollment pre- and post-AF/AFL index diagnosis (except for inpatient death). RESULTS: In the AF/AFL 265 years, ATHENA ≥270 years, and ATHENA ≥275 years groups, 55,774 (52.2% men), 32,262 (46.2% men) and 24,587 (43.6% men) patients, respectively, were identified. Mean follow up was 24 months in all 3 groups. Across the 3 groups, more than half of patients had ≥1 hospital admission (51.9%, 52.7%, and 54.5%, respectively) and almost 30% a hospitalization with a primary CV diagnosis (27.2%, 28.2%, and 28.7%, respectively). Inpatient deaths were reported in 1592 (2.9%) AF/AFL 265 years, 919 (2.8%) ATHENA ≥270 years, and 798 (3.2%) ATHENA ≥275 years patients. Deaths during hospitalizations for CV causes were reported in 516 (0.9%), 327 (1.0%), and 273 (1.1%) patients, respectively. CONCLUSIONS: There was a similar rate of hospitalization and mortality between the two ATHENA-like groups and the AF/AFL 265 year group. The three patient groups studied were frequently hospitalized for all causes and CV events. Dronedarone may therefore be beneficial in a large number of ATHENA-like AF/AFL patients in a real-world setting. Further studies should evaluate dronedarone in a broader range of AF/AFL patients aged ≥265 years.

ESTIMATION OF PERSONS ELIGIBLE FOR ICD/CRT THERAPY IN WESTERN EUROPE UNDER THE CURRENT ESC GUIDELINES: A SYSTEMATIC REVIEW

OBJECTIVES: The ATHENA trial demonstrated that in patients with atrial fibrillation (AF) and/or atrial flutter (AFL), dronedarone decreased the risk of CV hospitalizations or deaths from any cause by 24% (P = 0.001). In this retrospective cohort study, we evaluated hospitalizations/mortality in three subgroups of real world US insured AF/AFL patients without heart failure (HF): 1) patients aged 265 years (with or without CV risk factors); 2) ATHENA-like patients ≥270 years and ≥2 CV risk factors); and 3) ATHENA-like patients ≥275 years. METHODS: Data for patients with evidence of non-transient AF and/or AFL in 2005 were drawn from the US MarketScan® databases from Thomson Reuters. Patients also had to have ≥12 months’ continuous enrollment pre- and post-AF/AFL index diagnosis (except for inpatient death). RESULTS: In the AF/AFL 265 years, ATHENA ≥270 years, and ATHENA ≥275 years groups, 55,774 (52.2% men), 32,262 (46.2% men) and 24,587 (43.6% men) patients, respectively, were identified. Mean follow up was 24 months in all 3 groups. Across the 3 groups, more than half of patients had ≥1 hospital admission (51.9%, 52.7%, and 54.5%, respectively) and almost 30% a hospitalization with a primary CV diagnosis (27.2%, 28.2%, and 28.7%, respectively). Inpatient deaths were reported in 1592 (2.9%) AF/AFL 265 years, 919 (2.8%) ATHENA ≥270 years, and 798 (3.2%) ATHENA ≥275 years patients. Deaths during hospitalizations for CV causes were reported in 516 (0.9%), 327 (1.0%), and 273 (1.1%) patients, respectively. CONCLUSIONS: There was a similar rate of hospitalization and mortality between the two ATHENA-like groups and the AF/AFL 265 year group. The three patient groups studied were frequently hospitalized for all causes and CV events. Dronedarone may therefore be beneficial in a large number of ATHENA-like AF/AFL patients in a real-world setting. Further studies should evaluate dronedarone in a broader range of AF/AFL patients aged ≥265 years.

CONFORMING OF BLEEDING QUANTITY MEASURED AFTER HEART OPERATIONS ACCORDING TO METEOROLOGICAL AND ASTROBIOLOGICAL FACTORS

OBJECTIVES: Different meteorological factors can play a role in the occurrence of cardiovascular diseases. Whether certain meteorological and astronomical factors, and the periodical change influence the bleeding quantity after heart operation. METHODS: Retrospective analysis was made on the University of Pécs Cardiotherapy Clinic among patients went through heart operation (n = 611) between 2007.01.01 and 2007.12.31. in Hungary. Statistical test: k2 test, variance analysis (ANOVA), Pearson-Spearman correlation coefficient examination was made. Data processing was done with SPSS 15.0 and MS Excel programs. RESULTS: No connection was found between the examined meteorological factors and the quantity of total bleeding but on the other hand we found connection between the energy of the solar flares and the daily average bleeding (p = 0.025). Significant values were found between the periodical change and total bleeding (p = 0.03). CONCLUSIONS: Postoperative bleeding is influenced by many factors: antecedents of patients, atmosphere and cosmic factors, preoperative medication, operative data, surgical technique. The examined factors do not affect the bleeding quantity, on the other hand certain astronomical factors do. The energy of the solar flare showed a negative correlation with bleeding. The periodical change influences postoperative bleeding among patients with open heart operation.