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# THE LONG-TERM PROGNOSTIC VALUE OF ATRIAL FIBRILLATION IN PATIENTS WITH CHRONIC SYSTOLIC HEART FAILURE

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**Objective** To investigate the prognostic value of atrial fibrillation (AF) in patients with chronic systolic heart failure (CSHF).

**Methods** Data of in-hospital patients with CSHF were investigated between 2000 and 2010 from 12 hospitals in Hubei Province. Inclusion criteria: over 18 years of age, organic heart disease and with the symptom of heart failure (HF) including dyspnea and fatigue. We excluded from this series patients with a history of myocardial infarction in the prior 12 months, congenital heart disease, pericardial disease and the history of cancer. We used  $\chi^2$  tests and t tests for descriptive analyses. Univariate Kaplan–Meier curve was performed to evaluate the difference in prognosis between AF and non-AF group. Multivariate Cox regression analysis was performed to determinate the independent risk factors of all-cause mortality, cardiovascular mortality, HF mortality, sudden cardiac death (SCD) and thrombosis-related mortality, respectively. Statistical tests were evaluated with the use of 2-tailed 95% confidence levels, and tests with  $p < 0.01$  were considered significant. Data analyses were performed with the use of SPSS 13.0 for Windows, release 15, 2006 (SPSS, Chicago, Illinois, USA).

**Results** (1) 16 681 patients were enrolled in the present study of which AF accounted 6807 (40.81%). (2) Over  $5.82 \pm 1.63$  years follow-up, 6453 died. The result of univariate Kaplan–Meier curve shows there was significant difference in all-cause mortality, cardiovascular mortality, HF mortality and thrombosis-related mortality while not in SCD. (3) The result of multivariate Cox regression analysis showed AF was not the independent risk factor of all-cause mortality, cardiovascular

mortality, HF mortality or SCD. AF increased thrombosis-related mortality (HR 2.134, 95% CI 1.846 to 2.430,  $p<0.01$ ).

**Conclusions** AF increase thrombosis-related mortality while not other end points in patients with CSHF which indicate AF correlated with adverse prognosis lies in its side-effect while not the arrhythmia.