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**THE PROGNOSTIC VALUE OF ATRIAL FIBRILLATION IN PATIENTS WITH CHRONIC SYSTOLIC HEART FAILURE OR HEART FAILURE WITH PRESERVED SYSTOLIC FUNCTION**Yu Shengbo *Renmin Hospital of Wuhan University*

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

**Methods** Data of in-hospital patients with CSHF or HFPSV, according to the ACC/AHA guideline, were investigated between 2008 and 2009 from 4 hospitals in Hubei Province. 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 for patients with CSHF or HFPSV, respectively. Multivariate Cox proportional hazard analysis was performed to determinate the risk of all-cause mortality, heart failure (HF) mortality, sudden cardiac death (SCD) and thrombosis-related mortality, respectively, in AF group compared with patients in non-AF group. Statistical tests were evaluated with the use of 2-tailed 95% CI, 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) 848 patients were enrolled in the present study of which CSHF and HFPSV accounted 560 (66.04%) and 288 (33.96), respectively. (2) Over  $14.79 \pm 10.90$  months follow-up, 214 (25.24%) died. The result of univariate Kaplan–Meier curve shows there was no significant difference in all-cause mortality between AF and non-AF group in both CSHF and HFPSV. AF increase HF mortality and thrombosis-related mortality while decrease SCD. (3) The result of multivariate Cox proportional hazard analysis showed AF only increased thrombosis-related mortality in patients with CSHF (HR 2.106, 95% CI 1.436 to 2.719,  $p < 0.01$ ) while not any other end point in CSHF or HFPSV.

**Conclusions** The prognostic value of AF for patients with CSHF or HFPSV is not consistent. AF only increase thrombosis-related mortality in patients with CSHF.