[gw22-e0089]

PREVENTION OF ALL-CAUSE AND SUDDEN CARDIAC DEATH IN ATRIAL FIBRILLATION PATIENTS WITH LONG RR INTERVAL BY PACEMAKER IMPLANTATION AND EVALUATION OF QUALITY OF LIFE

Tang Baopeng, Sun Ling, Ma Jianhua *The First Affiliated Hospital, Xinjiang Medical University, Urumqi, China*

10.1136/heartjnl-2011-300867.509

Objective To investigate the occurrence of all-cause and sudden cardiac death, and cardiovascular events in atrial fibrillation (AF) patients with long RR interval and to evaluate their quality of life after pacemaker implantation.

Methods 158 patients suffering from AF and long RR interval, whose holter showing at least one AF accompanied by long RR interval (≥ 3.0 s), were divided into two groups: 56 patients were implanted with a single-chamber pacemaker and 102 did not undergo pacemaker implantation. The patients were followed up before discharge or implantation, and at 1, 3, and 5 years after operation. The average follow-up time was 64 ± 5.2 months. The occurrence of death, cardiovascular events and death were recorded. Quality of life was scored using the SF-36 questionnaire.

Results Eight patients in the pacemaker group died during the follow-up, including four who died of sudden cardiac death, one of a cerebrovascular accident, one of gastric cancer, one of chronic pulmonary heart disease, and one of heart failure. Fifteen patients in the control group died during the follow-up, seven of sudden cardiac death, three of heart failure, two of cerebral vascular accident, one of pulmonary embolism, one case gastrointestinal bleeding, and one of unknown cause. There was no significant difference between the two groups with regard to the occurrence of all-cause or sudden cardiac death, or cardiovascular events ($p > 0.05$). SF-36 quality of life survey results: in the pacemaker group, the total scores of quality of life before implantation, 3 and 5 years after implantation were 92.44, 115.29, and 111.17, respectively; the total scores 3 and 5 years after pacemaker implantation increased significantly compared to before implantation ($p < 0.05$). In the control group, the total scores before discharge, and 3 and 5 years after discharge were 93.32, 92.09 and 90.09, respectively; the scores were significantly different ($p < 0.05$) between the two groups.

Conclusion For persistent or permanent AF patients with long RR interval, pacemaker implantation does not decrease the occurrence of all-cause or sudden cardiac death, or cardiovascular events. However, pacemaker implantation can improve the quality of life.