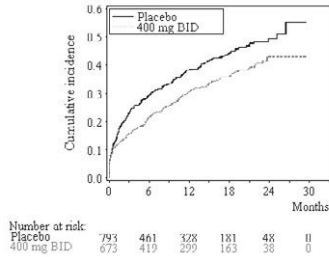


p=0.018). The adverse event profile of D compared to P was similar to that observed in the overall ATHENA population.

Conclusions: This post-hoc analysis of ATHENA suggests that D preserves its beneficial effect on CV events even after the first AF recurrence and indicates that it may be clinically advantageous to continue dronedarone treatment.



PO3-58

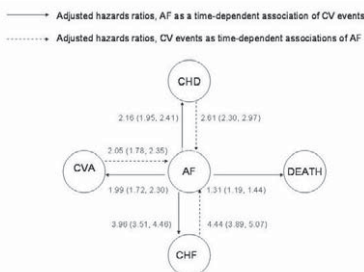
INCIDENT ATRIAL FIBRILLATION IS A STRONG INDEPENDENT PREDICTOR OF MORTALITY AND HEART FAILURE DEVELOPMENT IN THE ELDERLY

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Introduction: Atrial fibrillation (AF) has an increased prevalence at older ages & is generally a predictor of adverse outcome in chronic heart failure(CHF). We sought to determine whether new onset AF was an independent predictor of CHF & mortality in an elderly population without overt cardiovascular disease(CVD). **Methods:** We evaluated data from the Cardiovascular Health Study (CHS), a prospective US population-based cohort study of risk factors for coronary heart disease and stroke in adults ≥65 years. Subjects underwent extensive baseline physical & laboratory evaluation with subsequent annual examinations to identify the presence/severity of risk factors and clinically overt CV disease. The conditional impact of incident AF on subsequent CV outcome was examined as a time dependent variable.

Results: 4041 subjects (38.2% females;mean age 72.9±5.4 years) without baseline CVD were followed up for 10.3 years. 16.7% developed AF. Adjusted HR for developing CHF following incident AF was 3.96 (95% CI 3.51-4.46). Following new CHF,adjusted HR for development of AF was 4.44 (95%CI 3.89-5.07). Event rate/ 1000 subject years following incident AF was: 81 (95% CI 71-93) for CHF, 43 (95%CI 36-50)for CVA,and 161 (95% CI 150-174) for death. Respective rates in the general population were:28 (95% CI 27-30) for CHF, 21 (95% CI 20-22) for stroke and 49 for death.

Conclusions: Incident AF in a previously healthy elderly population is an independent predictor of death & adverse CV outcome and in particular CHF. New onset CHF is a strong independent predictor of subsequent AF.



PO3-59

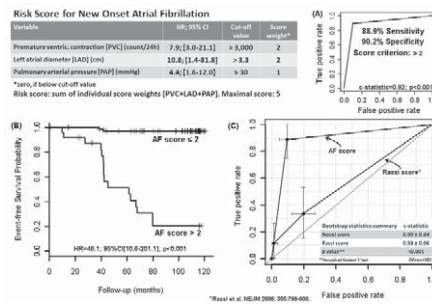
A NOVEL RISK SCORE FOR PREDICTING NEW-ONSET ATRIAL FIBRILLATION IN SUBJECTS WITH CHRONIC CHAGAS HEART DISEASE

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Introduction: Atrial fibrillation affects about 20% of subjects with chronic Chagas disease (CCD) and heralds poor prognosis. This study prospectively investigated echocardiographic and electrocardiographic parameters aiming at creating a risk score for new-onset AF (NOAF) in CCD and to compare its performance to Rassi score. **Methods:** Clinically stable outpatients with CCD (34 to 74 y.o, 38 males) staged according to Los Andes (Class I: N=28; II: N=48; III: N=24) were enrolled. Patients were assessed by 12-lead ECG, 24h ambulatory ECG and 1D/2D echocardiogram. NOAF lasting >24h was tracked at three to six-month intervals.

Results: During a follow-up of (mean±SEM) 91.2 ± 3.2 months, 18 developed NOAF (incidence: 30.2 ± 2.6 /year), and 20 died (rate: 26.4 ± 1.4 /year). Relative risk of NOAF for cardiac death was 3.6 (p=0.001). In multivariate Cox proportional hazard model, PVC>3,000/24h (p=0.02), LAD>3.3cm (p=0.001), and PAP>30mmHg (p=0.004) were independent predictors for NOAF (Table inset). A prognostic score for NOAF was developed by calculating weighted points proportional to beta coefficient in Cox model (table inset). ROC analysis of novel score showed optimal cut-off value at 2 (Figure A). KM curves of novel score for NOAF is presented in Figure B (proportional hazard test: rho=0.1; p=0.6). In 1,000 bootstraps, ROC c-statistic of novel score was significantly superior to Rassi score (Figure C).

Conclusions: In CCD, high grade PVC, LAD>3.3cm and PAP>30mmHg are independent predictors for NOAF. Novel risk score improves NOAF predictive accuracy in this population.



PO3-60

OBESITY AND PULMONARY HYPERTENSION ARE INDEPENDENT RISK FACTORS FOR POSTOPERATIVE PAROXYSMAL ATRIAL FIBRILLATION AFTER HEART VALVE REPLACEMENT SURGERY

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Introduction: Postoperative paroxysmal atrial fibrillation (POPAF) is a frequent arrhythmic complication after cardiac surgery which delays hospital discharge. We have evaluated preoperative predictors of risk of POPAF in patients after ATS mechanical heart valve replacement.