Impact of Atrial Fibrillation on Outcomes in Patients Hospitalized with ST-Segment Elevation Myocardial Infarction (Poster).

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Impact of Atrial Fibrillation on Outcomes in Patients Hospitalized with ST-Segment Elevation Myocardial Infarction

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BACKGROUND

- Atrial fibrillation (AF) is the most common persistent cardiac arrhythmia with an increasing incidence in the United States (US)
- AF is present in 12-15% patients presenting with STEMI
- Previous reports have suggested that patients with AF have worse outcomes.

OBJECTIVE

- We sought to determine the impact of AF on in-hospital outcomes of patients admitted with STEMI in the United States

METHODS

- Data were obtained from the Nationwide Inpatient Sample database for years 2003-2013
- ICD 9 codes were used to identify patients with STEMI and AF
- Baseline demographic and clinical features were studied and compared between groups of patients with and without AF
- The primary outcome of interest was all-cause in-hospital mortality.

RESULTS

- Of the total 2,632,447 STEMI hospitalizations, AF was documented in 339,987 (12.9%) patients
- At baseline, patients with AF were older (mean 74 vs 63 years, p<0.001) and more likely to be female (42% vs 34%, p<0.001) or white (85% vs 78%, p<0.001). (Table 1)
- Hypertension, chronic renal failure, diabetes mellitus and congestive heart failure were all more prevalent among those with AF (p<0.001 for all). (Table 1)
- AF patients were less likely to undergo coronary angiography or any coronary revascularization than non-AF patients. They were more likely to undergo CABG but less likely to undergo PCI. (Table 1)

LIMITATIONS

- Retrospective design of the study and possibility of varying coding practices among hospitals.
- Inability to differentiate paroxysmal from persistent or permanent AF.
- Medication related data are unavailable due to administrative nature of the database.

CONCLUSIONS

- AF is common among patients presenting with STEMI.
- AF is associated with older age, and higher prevalence of comorbidities at admission in STEMI patients.
- AF is independently associated with higher in-hospital mortality, and periprocedural complications in STEMI patients.

DISCLOSURES: Authors have no conflict of interest.

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