

**Treatment, reflection of guidelines and outcome in hospitalized patients with atrial fibrillation**

*Naimushin, A; Luria, D; Livneh, A  
Sheba Medical Center, Ramat Gan, Israel*

Introduction: There is paucity of data about treatment and outcome of hospitalized patients with atrial fibrillation (AF). We sought to these aspects, using a retrospective disease registry.

Method: Records of patients hospitalized to the Sheba Medical Center, with the diagnosis of AF, during the 2006 year were analysed. The collected data included type of AF, symptoms on admission, medical history and way of restoration of sinus rhythm.

Results: There were 511 AF patients. Medical history included HTN (67%), IHD (40%), DM (25%), and CHF (15%). Most of patients were admitted with complains of palpitations (30%) and chest pain (14.5%), but 26% were asymptomatic. During 1 year, there was at least one recurrent hospitalization in 45% of patients. MI occurred in 16 patients (3.13%), CVA in 14 (2.7%) and death in 26 (5.08%).

Of the 63 patients with chronic AF (CAF), 95% were discharged with ongoing fibrillation, while only 26% of the paroxysmal AF and 36% of the new-onset AF (NAF) the AF remained. More than half of the patients with NAF resume sinus rhythm spontaneously.

Anti-arrhythmic drugs were used in half of the patients. Among patients with hypertrophy of left ventricle per echo, 34% were treated with propafenon or sotalol. Of patients with known coronary disease, 20% were treated with propafenon or flecainide. Of patients with CHF, 24% were treated with sotalol or propafenon. Coumadin was given to 311 patients, but 36 (12%) had a CHADS2 score of 0. Out of the 200 patients who were not treated with coumadin, 133 (66%) had CHADS2 score of 2 or more.

Conclusions: Most AF patients admitted to the hospital are of the non-CAF group. Major clinical outcomes were different between CAF and non-CAF patients, with non-CAF patients having much higher rate of CVA and death. A poor correlation was demonstrated between CHADS2 score and a decision about starting of the anticoagulant therapy. Most patients were given anti-arrhythmic treatment according to the clinical guidelines.