**LONG TERM OUTCOME OF ATRIAL FIBRILLATION THERAPIES: AN ACAP-RACE REGISTRY ANALYSIS**

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Background: Atrial fibrillation (AF) is the most common arrhythmia encountered in clinical practice, and is a significant risk factor for ischemic stroke and all-cause mortality.

Methods: ACAP-RACE is a prospective longitudinal registry that was established at our institution for the management of patients with AF. We evaluated patients admitted with AF, looking at the effect of different medical therapeutics on long-term outcome. The primary endpoint was a composite of stroke and cardiac mortality. Patient Follow-up was 580 ± 90 days.

Results: The cohort included 1502 subjects, 783 (51%) were men with a mean age of 71 ± 14 years. 75% had hypertension (HTN), 26% were diabetics, 20% had CAD, 32% had heart failure (HF) with a LVEF of 50 ± 18%. Hospital therapeutics were 17% antiarrhythmic drugs (13% Class III), 68% beta blockers, 49% calcium channel blockers, 20% digoxin, 62% were on antiplatelets and 88.5% received anticoagulation. The composite endpoint was observed in 344 (23%) patients; this included 308 (21%) deaths and 36 (2.4%) strokes. Using a logistic regression module CHADS2 Score >2 (OR=1.5), HTN (OR=1.6), age >65 years (OR=1.5) and HF (OR=1.9), were predictors of worse outcome.

Conclusion: AF remains a great health care burden and despite aggressive medical therapy it carries a 23% increased risk of stroke and death. Age >65, HTN, and HF patients are at highest risks for worse outcomes.