

Introduction

Atrial Fibrillation (AF) complicates approximately 10% of acute coronary syndromes (ACS) and it is, therefore, important to access its impact on ACS patients' (pts) prognosis.

Objective: To evaluate early onset ($\leq 48h$) de novo AF as predictor of MACE and in-hospital complications

Material and Methods

- › Based on a multicenter retrospective study, data collected from admissions between 1/10/2010 and 4/09/2019.
- › Patients (pts) were divided in two groups (G):
 - › A – early onset de novo AF (EOAF)
 - › B – late onset de novo AF (LOAF)

Results

	EOAF	LOAF	p value
Age (years)	73± 13	77± 10	p<0.001
Smoking	21.3%	12.1%	p<0.001
Angina pectoris	21.4%	30.8%	p<0.001
Diabetes mellitus	30.2%	40.1%	p<0.001
Previous ACS	15.4%	22.5%	p=0.006
Previous PCI	9.5%	14.0%	p=0.004
STEMI	56.8%	46.9%	p=0.003
NSTEMI	37.7%	42.9%	p=0.048
Times symptoms to admission (min)	183	420	p<0.001
BNP	447	579	$\zeta=0.009$
Diuretics usage	54.3%	72.8%	p<0.001
Heart failure	32.1%	17.2%	p<0.001
Atrioventricular block	10.5%	7.8%	p=0.006
Sustained ventricular tachycardia	8.1%	3.1%	p=0.001
In-hospital mortality	9.6%	14.2%	p=0.031
In-hospital stay (days)	7	14	p<0.001

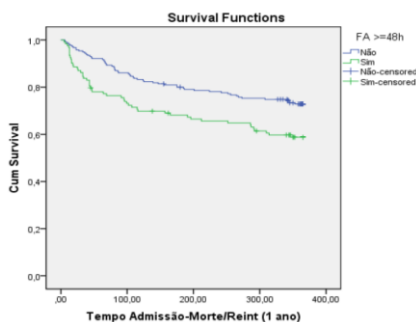
Pts with ACS: 29851

Pts with EOAF: 584 (2.0%)

Pts with LOAF: 360 (1.2%)

Logistic regression confirmed EOAF was predictive of:

- In hospital heart failure (p<0.001, OR 2.15)
- Atrioventricular block (p=0.008, OR 7.46)



Conclusion: EOAF is predictive of MACE, namely heart failure and atrioventricular block, and is associated to poorer prognosis comparing to LOAF.