Ninety-two patients (47 male) age 46-90 (mean 73.3) years had AF
Methods
The prevalence and haemodynamic complications of atrial fibrillation (AF)
Results
Setting: Urban health centre group practice of 9935 patients. We reviewed
Conclusion
At 18 months only 18% of patients on ACEI reach therapeutic dose as used in trials. Communication is poor between hospitals and GP’s regarding ACEI dose titration and renal monitoring.

MANAGEMENT OF ATRIAL FIBRILLATION IN A GENERAL PRACTICE POPULATION

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Introduction
The prevalence and haemodynamic complications of atrial fibrillation (AF) increase with age. Restoration of sinus rhythm improves effort capacity and reduces embolism but AF has traditionally been managed by rate limiting and antiarrhythmic drugs. Studies of AF management in hospital reflect varying practices in different specialties. We obtained an overview from a primary care population.

Methods
Setting: Urban health centre group practice of 9935 patients. We reviewed G.P. and hospital case records for details of demography, echocardiography, medication and attempted cardioversion.

Results
Ninety-two patients (47 male) age 46-90 (mean 73.3) years had AF confirmed as continuous (70) or paroxysmal (22). Median duration of AF was 3 (0.5-24) years. Overall 56 patients (61%) saw a cardiologist. Referral was more common where AF was rheumatic (93%), (non-rheumatic 55%) or paroxysmal 68%, (continuous 59%). Patients managed by non-cardiologists were older (mean 76.1; 54-90 years) and less likely to have echo (57%) compared to patients attending cardiology (72.2; 51-85 years) where echo was obtained in 81%. Echo was performed for 62(79%) patients with non-rheumatic AF. 31 had a structural/functional cardiac abnormality. 22 of those with a normal echo attended cardiology but only 2 underwent electrical cardioversion. In general a wide range of antiarrhythmic drugs were prescribed. Pharmacological cardioversion, initiated in 11 of 78 patients with non-rheumatic AF, was prescribed more often by a cardiologist or where echo was normal.

Conclusion
Just over half of the AF caseload in this practice was assessed by a cardiologist. Even when echo is normal cardioversion is rarely attempted. Restoring sinus rhythm in patients with AF has major implications for referrals to cardiology and access to echocardiography from primary care.

RATE DROP PACEMAKERS ARE SUCCESSFUL IN PREVENTING FALLS AND SYNCOPES

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Introduction
A retrospective study of a pacing algorithm -Rate Drop Response (RDR) (Medtronic Therac DR) in patients with Carotid Sinus Syndrome (CSS).

Methods
Between Nov 94 and Dec 95, 499 patients received a pacemaker (PM) at a single centre. 113 patients were paced for CSS (of which 79 patients had Therac DR). 67 CSS Therac DR patients (mean 73 years) were resubmitted (mean follow-up 28 months). Patients had carotid sinus massage (CSM), measurement of postural hypotension performed pre and post PM implant and general health questionnaire.

Results

<table>
<thead>
<tr>
<th></th>
<th>Pre-implant</th>
<th>Post-implant</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Syncope</td>
<td>55</td>
<td>9</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Falls</td>
<td>21</td>
<td>8</td>
<td>0.043</td>
</tr>
<tr>
<td>Dizziness</td>
<td>43</td>
<td>41</td>
<td>NS</td>
</tr>
<tr>
<td>Injuries</td>
<td>17</td>
<td>6</td>
<td>0.012</td>
</tr>
<tr>
<td>admissions</td>
<td>29</td>
<td>0</td>
<td>&lt;0.001</td>
</tr>
</tbody>
</table>

Pre-implant CSM in those patients who were still symptomatic post pacing revealed no significant difference to those who were cured by PM. Those remaining syncopal had greater postural hypotension compared to those cured post PM (-29mmHg vs 5.5mmHg, p=0.002).

Conclusion
Those patients who felt least improvement in general health had the greatest vasodepressor response to CSM and the greatest postural hypotension at their pre-pacemaker assessment. The RDR feature has proved an effective treatment for CSS markedly reducing the incidence of syncope, falls, injuries and hospital admissions.

CAUSES AND TREATMENT OF ORTHOSTATIC HYPOTENSION IN OLD ADULTS REFERRED TO A REGIONAL SYNCOPES SERVICE

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INTRODUCTION
Orthostatic hypotension (OH) is defined as a fall in systolic blood pressure of 20mmHg or greater on standing. The causes and outcome of OH in the elderly have not been rigorously described

METHODS
We have defined the cause of OH and the presenting features in 63 consecutive patients diagnosed with OH following referral to a dedicated regional syncpe service. Cardiovascular assessment included phasic measurement of blood pressure and heart rate during a 2 minute morning stand on at least 2 occasions, carotid sinus massage in both the supine and upright positions and a 70° head-up tilt. Autonomic testing was performed on all OH subjects. Normal autonomic function was assumed when at least 3 out 5 tests were...
THE UNDER-INVESTIGATION OF ELDERLY PATIENTS ADMITTED WITH CARDIAC CHEST PAIN

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Introduction

Ischaemic chest pain is a common admitting diagnosis in all age groups. However, only a small proportion of such patients are subsequently found to have had an acute myocardial infarction (MI).

Methodology

The management of 80 patients admitted with chest pain of cardiac origin but in whom an MI was excluded was studied.

Results

Of the 80 patients, 26% (21) were aged 70 years or above. The older group ranged from 70-86 with a median of 75 years. Only 63% of patients entered the Coronary Care Unit (CCU). The mean length of stay was 4.6 days with a range of 1-21 and there was no difference between age groups. Sixty-six percent and 71% of the young and older group respectively were prescribed aspirin. Only 3 patients had angiography and 9 had a treadmill ECG performed. None of these patients was older than 65 years. Although 62% of the patients studied had an elevated serum cholesterol (>5.2 mmol/l), older patients were less likely to have cholesterol checked (33% vs 51%). This was not the case for a random blood sugar which was performed in 83% vs 81%. All patients had cardiac enzymes performed (range 1-6, mean 3) and a mean of 3.6 ECGs were performed per patient.

Conclusion

Ischaemic chest pain in the absence of an MI is common in all age groups. Investigations were very variable according to age, older patients being less likely to have definitive investigation than younger patients.