The 1 year cumulative probability of AF in the study group was 24% (95% CI 15-32%) and in the control group - 15% (95% CI 5-24%).

Conclusions: Patients who presented with isthmus dependent AFI are at significant risk of subsequent AF. Successful RFA of AFI did not diminish late AFI occurrence.

Effect of omega-3 fatty acids on recurrences of paroxysmal atrial fibrillation

E. Biscione 1, A. Totten 1, A. De Vita 2, F. Lo Bianco 3, G. Altamura 3

The effects of Omega-3 fatty acids (n-3) on cardiac membrane stabilization is well known. Reduction of ventricular arrhythmias and sudden death has been reported; fewer data exist regarding the effects of n-3 on atrial arrhythmias.

Objective of this report is to evaluate the reduction of atrial arrhythmias after treatment with n-3 in pts with DDD pace-makers (PM).

Methods: we examined 40 pts with paroxysmal atrial fibrillation (PAF) recorded at the periodic (every four months) PM controls. The PMs were implanted more than 1 year earlier for AV block (14 pts), synus bradi-cardia (8 pts), bradi-tachy syndrome (16 pts) and CHF (biventricular, 2 pts); the underlying cardiac pathologies were hypertensive disease in 24 pts, ischemia in 73.68% in controls, F=14.885, p<0,01. Target INR values were reached on the 7.th day of the therapy, and after 1.3-7.14-21 days, and then monthly. Blood samples were taken in patient’s homes. Target INR was between 1.6-2.5.

Results: There were no differences in age, sex, RF, and echocardiographic findings between the examined groups. The main reasons for not starting the warfarin were: cognitive decline due to previous stroke in 41.11% were without the contraindications and accepted recommended treatment with warfarin (treatment group). Others 57 formed control group. Therapy was started with 2,5mg of warfarin. Initial INR was done before the therapy, and after 1-3-7-14-21 days, and then monthly. Blood samples were taken in patient’s homes. Target INR was between 1.6-2.5.

Conclusion: Home treatment with warfarin to prevent stroke in AF patients, even for very old is safe. It is important to provide simple use of warfarin and to establish good monitoring of the patients, in their homes. Anticoagulation treatment must be started as soon as possible because stroke leads to cognitive decline which enables the therapy, and cause both mental and physical impairment.