Conclusion: In everyday clinical practice, AF patients with a history of stroke/TIA are at greater risk of fatal and non-fatal events within the first year of diagnosis as compared to those without a history of stroke/TIA.

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Atrial fibrillation and treatment changes in cryptogenic stroke patients with an implantable loop recorder for continuous cardiac rhythm monitoring
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Introduction: This interim analysis evaluates the risk profile and incidence of atrial fibrillation (AF) in patients who underwent continuous monitoring with an implantable loop recorder (ILR) for cryptogenic (unexplained) stroke or transient ischemic attack (TIA).

Methods: The observational INSIGHT XT study prospectively enrolled patients who received an ILR with dedicated diagnostics for atrial fibrillation, irrespective of the clinical indication. Of 1002 patients enrolled in the study between Aug 2008 and Jun 2011, 121 received the ILR to rule out cryptogenic stroke or TIA. The definition of cryptogenic stroke/TIA was at the investigators’ appraisal and no unified approach to patient work-up was required. This analysis includes 74 patients with cryptogenic stroke or TIA for whom at least one follow-up visit was available at the time of interim analysis.

Results: The mean age was 63±12 (50% female). Stroke was the index event in 46±17 of 62% of patients. 61% had hypertension, 14% diabetes, and none had heart failure. The mean CHADS2 score was 3±0.8 and the mean CHA2DS2-VASc score was 4.0±1.2. Most patients (72%) had no prior symptoms or cardiac rhythm disturbances, whereas 18% had a history of prior palpitations. Sixty-seven patients were taking antplatelet medication and four were on oral anticoagulation (OAC) at enrollment. During a median follow up of 12 months (IQR 7 to 18) AF was reported in 17 patients (23%) and two patients were started on OAC. No patients were converted from antplatelets to OAC. Five patients experienced a stroke or TIA (median time to event 1.2 months), of which one patient died. Three of the patients with stroke or TIA had AF detected prior to the recurrent event.

Conclusion: Continuous monitoring with an ILR in patients with cryptogenic stroke of TIA detects a high proportion of AF; this can be attributed to longer continuous monitoring in this study. These patients have high CHADS2/CHA2DS2-VASc scores; documenting AF in these cases may therefore be clinically relevant in order to decide appropriate treatment.

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Treatment with cilostazol prevents incidence of stroke in haemodialysis patients with peripheral artery disease: propensity score-adjusted analysis
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Background and objectives: Cilostazol, a selective inhibitor of phosphodiesterase 3, has been reported to have beneficial effects on preventing atherosclerotic events in general population.

This study with a propensity score-adjusted analysis investigated the effects of cilostazol use on preventing incidence of stroke in haemodialysis (HD) patients with peripheral artery disease.

Design, setting, participants, and measurements: This study consisted of 626 HD patients with a clinical diagnosis of peripheral artery disease. They were divided into two groups: patients receiving 100mg cilostazol twice daily in conjunction with standard therapy (n = 249 patients, cilostazol group) and those not administered cilostazol (n = 377 patients, control group). They were followed-up for up to 10 years, and data on incidence of stroke as the primary endpoint were collected. The composite endpoints of major adverse cardiac events included cardiovascular death, non-fatal myocardial infarction, and stroke. To evaluate at baseline differences between the two groups, a propensity score analysis was performed with baseline values as parameters.

Results: By a propensity score adjustment, 10-year event-free survival rate from all-cause mortality was significantly higher in the cilostazol group compared to the control group (82.2% vs. 74.6%, hazard ratio (HR) 0.48; 95% confidence interval (CI) 0.25–0.92; P = 0.028). Also, event-free rate from all-cause mortality was significantly higher in the cilostazol group than in the control group (64.9% vs 50.8%; HR = 0.55; 95% CI: 0.38–0.78; P = 0.001). Freedom from composite endpoints of major adverse cardiac events was frequently seen in the cilostazol group than in the control group (58.7% vs 44.0%; HR = 0.52; 95% CI: 0.41–0.79; P = 0.001). Even after adjusting for other confounders, treatment with cilostazol was an independent predictor of preventing stroke (HR 0.51; 95% CI 0.26–0.97, P = 0.040), and all-cause mortality (HR 0.61; 95% CI 0.41–0.92, P = 0.018), and major adverse events (HR 0.64; 95% CI 0.45–0.91, P = 0.013).

Conclusion: Cilostazol administration improves long-term clinical outcome in HD patients with PAD.

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Clinical characteristics of atrial fibrillation patients with anemia: from the Fushimi AF registry
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Purpose: Atrial fibrillation (AF) is a common arrhythmogenic disorder among the elderly, and is increasing significantly as the population ages (reportedly 0.6% of total population in Japan). Anemia is often observed in patients with AF, but clinical characteristics of those patients have not been well described.

Methods: We aimed to define anemia as reduced hemoglobin level (<11 g/dL), and investigated the clinical background of AF patients with anemia.

Results: Among 3,141 patients in the Registry whose hematological values were available, 547 patients (17.4%) had anemia. AF patients with anemia were older than those without anemia (79.6±10.3 vs 73±4±10.5 years of age; P<0.001). They were more likely to have various morbidities; heart failure (43.1% vs 25.8%; P<0.001), coronary artery disease (19.5% vs 14.8%; P<0.006), peripheral artery disease (6.2% vs 4.2%; P=0.04), chronic kidney disease (52.5% vs 22.3%; P<0.001), and history of major bleeding (4.2% vs. 1.3%; P<0.001). There was no significant difference in the prevalence of hypertension or diabetes between anemic and non-anemic AF patients (62.2% vs 63.2%; P=0.95, 25.3% vs 24.0%; P=0.54, respectively). Anemic AF patients showed greater CHA2DS2-VASc score and CHD risk (2.08±1.36 vs. 2.05±1.35; P=0.001, 0.61±0.64 vs. 3.35±1.68; P<0.001, respectively, and higher prevalence of previous stroke (25.8% vs 18.6%; P<0.001). Patients receiving the prescription of oral anticoagulants were less in anemic patients (44.4% vs 52.4%; P<0.001), and the vast majority of them were warfarin (43.0% vs. 49.6%; P=0.005). In patients with anemia, the presence of chronic kidney disease (CKD) did not affect the prevalence of previous stroke (25.8% in anemic AF patients with CKD vs 27.1% in anemic AF patients without CKD; P=0.67) or that of major bleeding (4.9% vs. 3.6%; P=0.35).

Conclusion: The Fushimi AF registry represents the clinical profile of real-world Japanese AF patients. AF patients with anemia were associated with higher prevalence of stroke as well as bleeding, irrespective of the presence of CKD.