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 than those without a history of stroke/TIA.

P387 | BEDSIDE
Atrial fibrillation and treatment changes in cryptogenic stroke patients with an implantable loop recorder for continuous cardiac rhythm monitoring
A. Uraga1, G. Rieger1, T. West2, H. Furerellerm1, J. Buc2, F. Tropf1, S. Kuester1, H. Nagel1, M. De Meul1, F. Du1, Careggi University Hospital, Florence, Italy; 2Medtronic Bakken Research Center, Maastricht, The Netherlands; 3Elizabethtown Hospital, Linz, Austria; 4Diarkeenaseon Hospital Ulmrecht, Netherlands; 5Asklepios Klinik Herburg, Hamburg, Germany; 6DKR-Krankenhaus Molln-Ratzeburg, Ratzeburg, Germany; 7St. Adolfs-Stift Hospital Reinbek, Reinbek, Germany; 8University Hospital Zurich, Zurich, Switzerland

Introduction: This interim analysis evaluates the risk profile and incidence of atrial fibrillation (AF) in patients undergoing 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 Jan 2012, 121 received the ILR to rule out cryptogenic strokes 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% of 72 (62%) of patients. 61% had hypertension, 14% diabetes, and none had heart failure. The mean CHADS2 score was 3.0 ± 0.8 and the mean CHA2DS2-VASc score 4.0 ± 1.2. Most patients (72%) had no prior symptoms or cardiac rhythm disturbances, whereas 18% had a history of prior palpitations. Stroke and TIA patients were taking antplatelet medication and four or on anticoagulants at OAC (OAC) at enrollment. During a median follow-up of 12 months (IGR 7 to 18) AF was reported in 17 patients (23%) and two patients were started on OAC and 10 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.

P388 | BEDSIDE
Treatment with cilostazol prevents incidence of stroke in haemodialysis patients with peripheral artery disease: propensity score-adjusted analysis
H. Ishi1, T. Azuma2, Y. Kumada2, D. Kami1, T. Sakakibara2, Y. Kawamura2, 3, A. Kasiakogias, P. Vasileiou, A. Kordalis, C. Stefanadis. First Cardiology Clinic, University of Athens, Hippokration Hospital, Athens, Greece

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 administration on OAC and 10 patients were converted from antiplatelets 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.

P390 | BEDSIDE
Pulse wave velocity independently predicts incidence of stroke in patients with essential hypertension: data from a Greek 6-year-follow-up study
I. Bafalsis, C. Tsoufis, K. Dimitriadis, A. Andrikou, K. Kints, L. Lioni, A. Kasiakogias, P. Vasileiou, A. Kordalis, C. Stefanadis. First Cardiology Clinic, University of Athens, Hippokration Hospital, Athens, Greece

Purpose: Although arterial stiffening is related to atherosclerosis progression, its prognostic role in cerebrovascular events in hypertension is not fully elucidated. The aim of the present study was to assess the predictive role of arterial stiffness for the incidence of stroke in a cohort of essential hypertensive patients.

Methods: We followed up 1128 essential hypertensives (mean age 56 years, 587 males, office blood pressure (BP) =144/91 mmHg) free of cardiovascular disease for a mean period of 6 years. All subjects had at least one annual visit and at baseline underwent blood sampling for assessment of metabolic profile and arterial stiffness was evaluated on the basis of carotid to femoral pulse wave velocity (PWV), by means of a computerized method (Compror SP). The distribution of PWV was split by the median (8.1 m/s) and accordingly subjects were classified into two groups with high (n=560) and low values (n=568). The main outcome was shown as rapid onset of a new neurological deficit persisting at least 24 hours unless death supervened confirmed by computed tomography and magnetic resonance angiography and/or carotid ultrasound findings.