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Title: Atrial fibrillation in critical care patients with respiratory failure: Incidence and clinical effects

Dr. Müge 2380 Aydogdu mugeaydogdu@yahoo.com MD [1], Dr. Çigdem 2381 Hanazay chanazay@yahoo.com MD [1], Dr. Yagmur 2382 Aldag yagmuraldag@hotmail.com MD [1], Dr. Ayse 2383 Bahs dr_aysedemir@hotmail.com MD [1], Dr. Salih 2384 Bilgin salihsibel@hotmail.com MD [2] and Dr. Gül 2385 Gürsel gurselgl@gmail.com MD [1]. [1] Pulmonary Diseases and Intensive Care Unit, Gazi University Medical Faculty, Ankara, Turkey and [2] Pulmonary Diseases, Samsun Chest Disease and Chest Surgery Hospital, Samsun, Turkey .

Body: Background: Atrial fibrillation (AF) is the most common arrythmia in general population and among the critically ill patients. If not treated appropriately it might be an important cause of mortality and morbidity. Aim:To determine the incidence of AF among critically ill patients and to evaluate its effect on ICU outcome. Material and method: The ECGs of all the patients (both intubated and nonintubated) at admission were evaluated prospectively for the presence of AF. Patients were grouped into two as AF (+) and AF (-) and compared for their ICU outcomes, cardiac and bronchodilator therapies. Results: A total of 147 patients (76 male, 71 female) with the mean age of 68±15 years were included in the study. AF was found in 36 (25%) patients and among them 33 were diagnosed and received treatment before ICU admission. Although no significant difference was identified at admission APACHE II, length of MV and NIMV, length of ICU stay, mortality was higher in AF(+) patients (36% vs 21%, p=0.05). Congestive heart failure, history of cerebrovascular event and acute renal failure development was significanly higher in AF(+) patients ($p<0.05$).No significant difference was identified between the two groups when their pre and post admission bronchodilator therapies were compared. Among the 23 discharged patients with AF, 12 (52%) were dicharged with warfarin and 11 (48%) with LMWH. Conclusion: Atrial fibrillation must be given great importance and must be treated appropriately since it can be seen in 25% of critically ill patients and the incidence of heart and renal failure and mortality is higher in those patients.