during the first hour after drug administration, and safety regarding drug induced hypotension and tachyphylaxis at the infusion site.

Results: Baseline heart rate was 144±19 in the amiodarone group and 145±15 in the digoxin group (p=0.72). Following amiodarone, heart rate was 104±25 after 30 minutes compared to 116±23 in the digoxin group (p=0.02) and 94±22 versus 105±22 after 60 minutes (p=0.03). After 30 minutes, sinus rhythm was documented in 14 (28%) patients following amiodarone compared to 3 (6%) patients in the digoxin group (p=0.003), and after 60 minutes in 21 (42%) versus 9 (18%) patients (p=0.012). Asymptomatic hypotension was observed in 4 amiodarone treated patients, and superficial phlebitis in 1 patient.

Conclusions: Amiodarone, given as an intravenous bolus is relatively safe and more effective than digoxin for heart rate control and conversion to sinus rhythm in patients with atrial fibrillation and a rapid ventricular rate.

18.7 BEPRIDIL REVISITED: EFFICACY FOR PERSISTENT ATRIAL FIBRILLATION

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The purpose of this study is to clarify the efficacy and safety of bepridil for persistent atrial fibrillation (AF).

Method: Bepridil (100-200mg/day) was administered to 159 patients (141 males, 58 years) with persistent AF. The effects of conversion and maintenance of sinus rhythm (SR) were evaluated. If sinus restoration was not obtained until 3 months observation, DC cardioversion was performed.

Results: In 87 of 159 patients (55%), SR was restored within an average 2.1 months following administration of bepridil. 74 of those 87 patients (85%) have been maintained in SR for the average follow-up of 16 months. The 31 out of remaining 72 patients failed pharmacological conversion were performed DC cardioversion. All of patients restored SR, and 18 of them (58%) could be maintained SR for an average of 20 months. Although ECG revealed significant prolongation of QT interval from 0.38 to 0.42 sec, QTC was unchanged and no serious adverse complications including torsades de pointes were recognized.

Conclusion: Bepridil is clinically safe and useful with favorable efficacy for conversion and maintenance of SR in patients with persistent AF.

18.8 EFFECT OF OMEGA-3 FATTY ACIDS ON THE PREVENTION OF RECURRENCES OF ATRIAL FIBRILLATION


The effects of Omega-3 fatty acids (n-3) on cardiac membrane stabilization are 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 preliminary 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 programmed in DDD or DDD + Algorithms. The difference between basal and incremental conduction times (CT) was measured between the RAA and the coronary sinus os (csos) (delta-ctos). Pts with A2<100ms, ERP/A2<2,2, P wave duration >110ms and delta-ctos<60ms were group A. The remaining pts were group B. The number of AF episodes lasting more than 7 minutes (AF-Ep) was collected at 2 follow-ups of 3 months each by the pacemaker Selection 9000 (Vitatron).

Results: Group A (IAS) showed a reduction of AF-Ep/day with algorithms (p=0.049) as to standard DDD. Group A (RAA) showed an increase of AF-Ep/day (p=0.046) when continuously paced. Group B did not show statistically significant differences between DDD and DDD + Algorithms.

Conclusion. Pts with RA severe conduction delay may benefit of continuous pacing in the IAS, but not in the RAA.

19. SUDDEN DEATH: ECG AND BIOLOGICAL RISK FACTORS

19.1 ARRHYTHMIA ON HOLTER ECG AND HEALTH STATUS IN ELDERLY RUSSIANS

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The goal was to examine the significance of arrhythmias in a sample of epidemiological cohort of the elderly Russians. 185 individuals (150 men and 35 women aged 67-87) underwent ambulatory 24-h Holter monitoring (MT-200, Schiller AG). Relationships between arrhythmia, health outcomes, and biomarkers were estimated by regression models controlled by age and sex. 63% participants had supraventricular tachycardia (SVT), 48% - nonsustained supraventricular tachycardia (NSVT), 10% - nonsustained ventricular tachycardia (NVT) with prevalence in men (p<0.05), 4% - atrial fibrillation, and 13% - syncope. High prevalence of supraventricular premature beats and NSVT are associated with worse self rated health (p<0.06) and HDL (p<0.02). High prevalence of ventricular premature beats and NVT are associated with number of reported diseases (p<0.02) and Cohen’s Stress score (p<0.04). No associations with heart diseases, diabetes, HRV parameters, blood pressure, cholesterol, cortisol, norepinephrine, and epinephrine were found. Arrhythmias are frequent in elderly Russian population, characterized by higher mortality compared to other countries. SV arrhythmia is associated with worth perceived health; NVT is associated with higher stress. Role of arrhythmia for all cause mortality should be studied further.

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