**OUTCOMES OF DIRECT CURRENT CARDIOVERSION OF ATRIAL FIBRILLATION IN A MULTI-ETHNIC ASIAN POPULATION**

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Purpose: There is a paucity of data regarding immediate and long term outcome of direct current cardioversion (DCCV) in Asian populations.

Methods: This is a retrospective study from January 2007 to December 2010. Successful DCCV was defined as return to normal sinus rhythm. Study endpoint was recurrence of AF immediately after and one year post DCCV.

Results: A total of 32 patients underwent DCCV. Majority were male (84.8%) and Chinese (66.7%). Majority (45.5%) had persistent AF, 36.4% had new onset AF, 12.1% had long standing persistent AF and 6.1% had paroxysmal AF. The most common indication for DCCV was new onset AF (34.4%) and patient’s choice (53.4%). 75.8% were on an antiarrhythmic drug prior to DCCV. There was one complication (3.0%), resulting in acute ST elevation myocardial infarction immediately post DCCV. Mean LA size (major) was 6 cm and mean LA size (minor) was 3.96 cm. Mean LV ejection fraction was 53.2%. Immediately post DCCV, there was a 71.9% success rate, but a long term success rate of 21.9%. After DCCV, 45.5% of the patients continued to take warfarin for life. Of the patients who were successfully cardioverted post DCCV, 39.1% had new onset AF, 4.3% had paroxysmal AF, 47.8% had persistent AF and 8.7% had long standing persistent AF. Of the patients who were maintained in sinus rhythm long term, 42.9% had new onset AF, and 57.1% had persistent AF.

Conclusion: DCCV appeared to be a viable option and safe for patients who are unable to tolerate AAD, symptomatic despite AAD or having acute onset AF