**ATRIAL FIBRILLATION AND MYOCARDIAL INFARCTION:**

**A COMMON FINDING?**

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Objective: Prevalence of atrial fibrillation in acute myocardial infarction and long-term evolution.

Methods: Observational, prospective study that included 358 consecutive patients hospitalized at the Institute of Cardiology of Corrientes for acute myocardial infarction. The prevalence of atrial fibrillation was 3%, were compared two groups according to whether or not the same: Group A (with 3.1% FA) and the rest constituted group B. Mean follow up was 36 months. Multivariate analysis was used to identify predictors of mortality and major cardiovascular events (death / stroke / hospitalization for angina).

Results: Patients in group A were higher (73.5.3 ± 10.6 vs 59.3.1 ± 11.7years, p <0.001), higher prevalence in women (36.4 vs. 19.2%, p = 0.001). The patient of group A received less: beta blockers 84 vs. 96.2%, p = 0.02; clopidogrel: 55 vs. 97.8%, p <0.001), this group also had higher hospital mortality (8.1 vs 2.9%, p <0.001) and 3 years (30.5% vs 12.4%, p = 0.03). Multivariate analysis showed that AF was an independent predictor of hospital mortality (OR 3.2 IC2.2-54, p = 0.001) and 3 years (OR 3.9 CI 2.6-6.4, p = 0,001).

Conclusions: The prevalence of atrial fibrillation in the context of acute myocardial infarction is low, however, was associated with increased mortality in the short and long term.