

## OP44.5

### Early detection of atrial fibrillation in primary care: a multicenter study

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**Objective:** To evaluate the usefulness of a program for early detection of atrial fibrillation in patients without atrial fibrillation (AF) but with risk factors to develop it, attended in 8 urban primary health care centers (PHCC).

**Methods:** Open, parallel, controlled multicenter clinical trial. Patients with risk factors for AF were allocated to 2 groups according to their PHCC:

1) Intervention Group (IG): patients belonging to 4 PHCC participated in an Intervention Program consisting in health education plus electrocardiogram at inclusion and every 6 months; and

2) Control Group (CG): patients belonging to the other 4 PHCC received the routine clinical practice.

After one year follow-up we analyzed the number of patients diagnosed with AF according to a survival scheme (Kaplan Meier curve and Log rank test), and clinical manifestations at the time of diagnosis.

**Results:** We included 2243 patients aged 70.9 years ( $\pm$  21 years). 1,261 (56.23%) were women. The main risks factors in both groups were age  $\geq$ 65 years (76.2% in the IG versus 75.7% in the CG, p=ns), hypertension (73.1% vs 76.5%, p=ns), and diabetes mellitus (29.1% vs 26.4%, p=ns). After one year follow-up, 22 patients presented with AF, with significant differences between groups (2.2% in the IG, 0.4% in the CG, p=0.005). In a multivariate analysis, the only factor associated to the diagnosis of the AF was the Intervention Program (p <0.001). More than a third of patients in the IG (40%) were diagnosed through to the program. There more patients in the CG who were diagnosed of AF because of a complication (heart failure, 20% vs 6,7% of diagnosed patients) but the difference was not significant.

**Conclusions:** An intervention program consisting in health education and systematic electrocardiogram is associated with more diagnoses of AF in primary health care users. This can help prevent complications.