during the first hour after drug administration, and safety regarding drug induced hypotension, and phlebitis 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 torsade 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 PREVENCTION OF RECURRENCES OF ATRIAL FIBRILLATION

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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 paroxismal atrial fibrillation (PAF) recorded at the periodic (every four months) PM controls. The PMs were implanted more than 1 year earlier for AV block (14 pts), synus bradicardia (8 pts), bradi-tachy syndrome (16 pts) and CHF (biventricular, 2 pts); the underlying cardiac pathologies were hypertensive disease in 24 pts, mitral regurgitation in 28, stable CAD in 16. All pts had bipolar atrial and ventricular leads with proper sensing function; the PMs were programmed in DDD or DDDr mode with minimum rate of 70 to 85 bpm.

At the study entry, all pts were treated with n-3 (1 gr/d); no changes in PM programming and in the previous pharmacological therapy were allowed.

The PM memories were interrogated after 4 months of treatment to evaluate the number and burden of PAF episodes; the percentage reduction of PAF burden (D burden) was calculated. At this point, the treatment was discontinued and the pts were evaluated 4 months later. Statistical analyses were performed with the T-Student test.

Results: 2 pts early discontinued the treatment complaining adverse drug effects (abdominal pain and diarrhoea). They were included in the intention-to-treat analysis. The patient population showed a dramatic reduction in episodes and burden of PAF during the treatment period. The episodes of PAF in the pre-treatment period resulted 450 $\pm$ 1190, and the PAF burden 3,92% of time; in the treatment period resulted respectively 147$\pm$346 (p=0,07) and 1,01% (p=0,042), with a mean PAF burden reduction of 69%. After the withdrawal of drug, the PAF episodes raised to 488$\pm$1687 (p=0,100) and the PAF burden to 2,8% (p=0,005). Even after the exclusion from analysis of the 9 pts with non sustained-PAF (<30 sec), the treatment reduced the PAF episodes (559 vs 172, p=0,079) and burden (5,17% vs 1,39%, p=0,042).

Conclusions: our data suggest a powerful effect of n-3 in reduction of PAF in these pts, without significant adverse effects. Although we expected a beneficial effect, we were extremely surprised of the magnitude of these results, so that we started a multicentric, double blinded trial on the atrial anti-arrhythmic effects of n-3.

18.9 MAY WE SELECT PATIENTS RESPONDER TO PACING FOR ATRIAL FIBRILLATION PREVENTION? THE RESULTS OF THE RANDOMIZED AND PROSPECTIVE EPASS PILOT STUDY

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EPASS Pilot study compared right atrial appendage (RAA) and Interatrial Septum (IAS) pacing in patients (Pts) with SSS and atrial fibrillation (AF), in relation with the electrophysiologic study (EP) and pacing mode.

Method: 42 Pts (72±7 years old, 15M, 27F) were submitted to EP before randomization of pacing site and 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 couplets, 48% - nonsustained supraventricular tachycardia (NST), 10% - nonsustained ventricular tachycardia (NVT) with prevalence in men (p<.05), 4% - atrial fibrillation, and 13% - synoatrial block. High prevalence of supraventricular premature beats and NSVT are associated with worse self rated health (p<.06) and HDL (p<.02). High prevalence of ventricular premature beats and NVT are associated with number of reported diseases (p<.02) and Cohen's Stress score (p<.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.