supranuclear arrhythmias and in 6 (9%) pts single SVE, in 4 (7%) multiple SVE, in 7 (10%) SVT, in 20 (3%) sinus tachycardia and in 21 (31%) PAF. Ventricular arrhythmias were the causes of the palpitations in 28 (29%) pts and in 17 (61%) pts single VE, in 2 (7%) multiple VE, in 3 (9%) pair of VE and in 8 (29%) ventricular bigemini. The most two frequent arrhythmic causes of the palpitations were: sinus tachycardia (31%) and PAF (22%). Sensitivity of “Even Holter” in the detection of PAF as a cause of palpitations in PAF patients was shown to be equal 72%.

Conclusions: Long-term “Even Holter Loop Recording” is useful diagnostic tool in the evaluation of PAF.

**P-046**

**CIRCADIAN DYNAMICS OF HEART RATE VARIABILITY IN PATIENTS WITH CORONARY ARTERY DISEASE AND PAROXYSMAL ATRIAL FIBRILLATION**

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The present study covers 38 patients aged from 40 to 77 (60±6) years old; 17 males and 21 females with CAD showing stable atrial fibrillation (AF). The present study covers 38 patients aged from 40 to 77 (60±6) years old; 17 males and 21 females with CAD showing stable atrial fibrillation (AF). The present study covers 38 patients aged from 40 to 77 (60±6) years old; 17 males and 21 females with CAD showing stable atrial fibrillation (AF). The present study covers 38 patients aged from 40 to 77 (60±6) years old; 17 males and 21 females with CAD showing stable atrial fibrillation (AF). The present study covers 38 patients aged from 40 to 77 (60±6) years old; 17 males and 21 females with CAD showing stable atrial fibrillation (AF). The present study covers 38 patients aged from 40 to 77 (60±6) years old; 17 males and 21 females with CAD showing stable atrial fibrillation (AF). The present study covers 38 patients aged from 40 to 77 (60±6) years old; 17 males and 21 females with CAD showing stable atrial fibrillation (AF). The present study covers 38 patients aged from 40 to 77 (60±6) years old; 17 males and 21 females with CAD showing stable atrial fibrillation (AF). The present study covers 38 patients aged from 40 to 77 (60±6) years old; 17 males and 21 females with CAD showing stable atrial fibrillation (AF). The present study covers 38 patients aged from 40 to 77 (60±6) years old; 17 males and 21 females with CAD showing stable atrial fibrillation (AF).

Conclusions: Most of the studied Ps showed a very stable threshold. Hyper tension seems to be a predictive factor for threshold and sensing variations. Atrial fibrillation seems to be a predictive factor for sensing and impedance variations. CM could be very important in this kind of Ps.

**P-047**

**THE PRESENCE OF CONTRACTILE RESERVE HAS NO PREDICTIVE VALUE FOR THE EVOLUTION OF LEFT VENTRICULAR FUNCTION FOLLOWING ATRIOVENTRICULAR NODE ABLATION IN PATIENTS WITH PERMANENT ATRIAL FIBRILLATION**


Aims: Transcatheter ablation of the atrio-ventricular (AV) node followed by biventricular pacing has been shown to improve survival and quality of life (QOL) of patients with permanent atrial fibrillation (AF). In a considerable number of patients, cardiac function deteriorates after AV node ablation. We aimed to determine whether the absence of contractile reserve assessed by low dose dobutamine stress echocardiography (LDDSE) could identify those patients whose left ventricular (LV) function deteriorates after AV node ablation.

Method: All 25 pts studied had permanent AF for at least 12 months. LVEF was determined 6 days and 3 months after AV node ablation by radionuclide ventriculography (RVN), at a paced rate of 80 beats/min. Deterioration in cardiac function was defined as a decrease in LVEF >5%. LVEF was performed in all patients before and after ablation. The presence of contractile reserve was defined as an improvement in regional function of ≥ 1 grade at low dose dobutamine in at least 3 segments. QOL measurements were taken using Minnesota, NHBP and MPWB questionnaires.

Results: LVEF showed no improvement in the overall group (52.8±11.1% vs. 51.8±9.8%, p=NS). QOL showed significant improvement in all questionnaires (Minnesota: 4.1±2.3 vs. 2.5±2.2, p=0.001; NHBP: 54.8±4.3 vs. 54.2±3.4, p=0.002; MPWB: 22.2±4.6 vs. 19.4±6.2, p=0.03). There was no significant difference in change of LVEF between patients with and without contractile reserve (-0.4±8.7 vs. 1.6±11.3, p=NS). However patients with a preserved LVEF at baseline showed more frequently a reduced LVEF after AV node ablation (62.2±10.4% vs. 47.5±7.6%, p<0.001).

Conclusions: The presence of contractile reserve does not predict deterioration of cardiac function after AV node ablation. 2. AV node ablation results in a significant improvement in QOL, which is not necessarily associated with improvement of LVEF. 3. Higher baseline LVEF predicts deterioration of cardiac function. These data suggest that although AV node ablation is an excellent way of controlling symptoms, it should be avoided in patients with normal LV function.

**P-048**

**THE EFFECTS OF 5-HT4 RECEPTOR STIMULATION AND BLOCKADE, BEFORE AND FOLLOWING 6 HOURS OF ATRIAL FIBRILLATION**


Aims: The effects of 5-HT4 receptor stimulation and blockade, before and following 6 hours of atrial fibrillation (AF) were evaluated in healthy volunteers and patients with paroxysmal AF.

Objective: The effects of 5-HT4 receptor stimulation on atrial fibrillation were evaluated in healthy volunteers and patients with paroxysmal AF.