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Prognostic impact of atrial fibrillation in acute myocardial infarction and cardiogenic shock: results from the CULPRIT-SHOCK trial

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Background: It is unclear whether atrial fibrillation (AF) influences prognosis in patients with cardiogenic shock (CS) and multivessel disease.
Purpose: To investigate the prognostic impact of AF in patients with CS complicating acute myocardial infarction (AMI).
Methods: In a subanalysis of the Culprit Lesion Only PCI versus Multivessel PCI in Cardiogenic Shock (CULPRIT-SHOCK) trial, patients were grouped according to the presence of AF during index hospital stay. The primary endpoint was all-cause death at 30 days and the key secondary endpoint was all-cause death at 1 year.
Results: AF was documented in 142 (21%) of 686 patients. AF was not a significant predictor of 30-day (adjusted OR 1.01, 95% CI 0.66–1.56, p=0.95) and 1-year (adjusted OR 0.89, 95% CI 0.58–1.37, p=0.59) all-cause mortality. Patients with AF already on admission showed higher all-cause mortality at 30 days (52 of 90, 58% vs. 19 of 52, 37%; p=0.02) and 1 year (57 of 90, 63% vs. 20 of 52, 39%; p=0.004) compared to patients with newly detected AF during hospital stay. AF was significantly associated with the need for renal replacement therapy (adjusted OR 1.76, 95% CI 1.05–2.94, p=0.03) and longer time to hemodynamic stabilization (4, IQR 1–8 days vs. 3, IQR 1–6 days; p=0.04) at 30 days.
Conclusions: In CS complicating AMI all-cause mortality is similar in patients with and without AF. Adverse outcome was detected in the subgroup of patients showing AF already on hospital admission.