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만성 신질환 환자에서 급성 심근 경색 후에 발생하는 심방 세동과 사망률

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Atrial Fibrillation and Mortality in Patients with Chronic Kidney Disease after Acute Myocardial Infarction

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Background: Atrial fibrillation (AF) often coexists with acute myocardial infarction (AMI), and chronic kidney disease (CKD) is an important risk for AMI. However, the impact of AF on the mortality and morbidity of CKD patients after they have had an AMI has not been determined.

Methods: Between January 2004 and December 2009, a total of 4,738 AMI patients were enrolled prospectively. We investigated whether AF was associated with in-hospital and long-term adverse cardiac and cerebrovascular events (MACCE) in CKD patients (n=1182) after an AMI and compared the impact of AF on mortality between CKD and non-CKD patients.

Results: The prevalence of AF was significantly higher in CKD patients than in non-CKD patients (6.76% versus 3.31 %, $p<0.001$). AF did not increase the incidence of in-hospital adverse outcomes. However, the presence of AF was independently associated with the occurrence of MACCE after AMI, in both CKD and non-CKD patients. Of the long-term MACCE, the cumulative death rate was significantly higher in CKD patients than in non-CKD patients (50 % versus 27.9%, $p<0.001$). In the multivariate hazards model, AF was an independent predictor for death in CKD patients (adjusted hazard ratio, 1.87, $p=0.012$), but the hazard ratio for mortality in non-CKD patients was not significant.

Conclusions: AF was more prevalent in patients with CKD complicated by AMI, and AF was more closely associated with a large excess risk of death in CKD patients compared to the risk of death in non-CKD patients.

Key Words: 급성심근경색, 심방세동, 만성신질환
Acute myocardial infarction, Atrial fibrillation, Chronic kidney disease