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**RHYTHM CONTROL STRATEGY AND OUTCOMES IN VERY ELDERLY ATRIAL FIBRILLATION PATIENTS: AN ANALYSIS OF THE NATIONWIDE ITALIAN START REGISTRY**

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**Background and Aim.** Evidence on antiarrhythmic drug (AAD) use in very elderly patients with atrial fibrillation (AF) is limited. We investigated clinical characteristics and outcomes associated with AAD use in this population.

**Materials and Methods.** 4,244 very elderly (age  $\geq 80$  years) AF patients from the nationwide START registry were included. Patients were divided into 3 groups: no AADs (n=3,573), class 1c-AAD (n=207), Amiodarone (n=464). Risks of all-cause mortality and Cardiovascular Events (CVEs) were analysed according to AAD.

**Results.** Mean age was  $84.8 \pm 3.8$  years; 54.9% were women. AADs were used in 15.8% of patients. Class 1c-AADs use was directly associated with paroxysmal AF and inversely with older age, female sex, diabetes, heart failure, digoxin, COPD/OSAS, beta-blockers and lack of familial/social support. Amiodarone use was directly associated with paroxysmal AF, coronary artery disease, wheelchair use, and inversely associated with age, peripheral artery disease, living alone, digoxin use, beta-blockers and lack of familial/social support. Over a mean follow-up of  $685.6 \pm 537.7$  days, 492 all-cause deaths, and 548 CVEs events occurred. In univariable Cox analysis, Class 1c AADs were associated with lower mortality (HR 0.371, 95%CI 0.191-0.717) and CVEs (sHR 0.443, 95%CI 0.250- 0.786), while amiodarone was not. These associations did not persist in multivariable analysis.

**Conclusions.** Among very elderly AF patients, the choice of rhythm control strategy is influenced by frailty elements. AADs use was not associated with better survival.