cardioversion and 28.7% chemical cardioversion. 40.6% of patients who underwent chemical cardioversion subsequently required electrical cardioversion (Table 1). 84.8% of patients felt they had some knowledge of atrial fibrillation. 23.0% of patients presented to the ED because of reasons relating to fear and anxiety. 43.3% of patients believed they would have suffered stroke, myocardial infarction and/or death had they not presented to the ED. 89.6% of patients with this belief had been to the ED for AF in the past. Those who were treated with cardioversion were significantly more satisfied when asked "how satisfied were you with the care you received in the ED" than those who did not receive this intervention (8.31/10 compared to 5.71/10, $p < 0.001$).

CONCLUSION: Almost half of the patients presenting to the ED with AF, when questioned up to 4 weeks later, have fear of a life-threatening consequence of this arrhythmia, and have more subjective satisfaction with treatment if they receive electrical or chemical cardioversion compared to those not cardioverted. These findings suggest a need for better patient education on the goals of AF management.

Table 1: Baseline characteristics stratified by intervention received in the emergency department

	Total (N=356)	Any CV (N=188, 52.8%)	Electrical CV (N=127, 35.7%)	Only chemical CV (N=61, 17.1%)	No CV (N=168, 47.2%)
Mean age (+/- SD)	67.3 (13)	65.5 (13)	62.8 (13)	71.1 (10)	69.4 (13)
Female (%)	160 (45%)	75 (40%)	42 (33%)	33 (54%)	85 (51%)
CHF	34 (9.6%)	18 (9.6%)	7 (5.5%)	11 (18.0%)	16 (9.5%)
HTN	164 (46.1%)	80 (42.6%)	54 (42.5%)	26 (42.6%)	84 (50.50%)
DM	38 (10.7%)	22 (11.7%)	3 (2.4%)	9 (14.8%)	16 (9.5%)
Stroke/TIA	35 (9.8%)	14 (7.4%)	1 (0.8%)	9 (14.8%)	21 (12.5%)
MI/PAD	37 (10.4%)	24 (12.8%)	13 (10.2%)	11 (18.0%)	13 (7.7%)
Prior AF ED Visits: 0	30 (8.4%)	11 (5.9%)	10 (7.9%)	1 (1.6%)	19 (11.3%)
1	75 (21.1%)	31 (16.5%)	18 (14.2%)	13 (21.3%)	44 (26.2%)
>1	239 (67.1%)	145 (77.1%)	98 (77.2%)	47 (77.0%)	94 (56.0%)

*CV = cardioversion, CHF = congestive heart failure, HTN = hypertension, DM = diabetes mellitus, TIA = transient ischemic attack, MI = myocardial infarction, PAD = peripheral arterial disease. All specified comorbidities were present prior to the index visit.

P078
PREVALENCE OF UNREPORTED ATRIAL FIBRILLATION IN ELECTROCARDIOGRAMS WITH VENTRICULAR-PACED RHYTHM: A MULTICENTER EXPERIENCE

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BACKGROUND: Atrial fibrillation (AF) is the most common sustained cardiac arrhythmia and a major preventable cause of stroke. The diagnosis of AF on electrocardiogram is through the recognition of absent p waves and an irregularly irregular ventricular rhythm. However, in ventricular-paced patients, the rhythm on electrocardiogram (ECG) is often regular and may obscure AF diagnosis. Thus, unrecognized AF on ECG poses a potential risk among untreated ventricular-paced patients. There is scant published data reporting the prevalence of underrecognized and untreated ECG-detected AF among ventricular-paced patients.

METHODS AND RESULTS: In the first part of this study, we aim (1) to determine the prevalence of AF and unreported AF on ECGs with ventricular-paced rhythm obtained across all hospitals in Winnipeg, Manitoba, Canada. Using data obtained from (1), we then aim (2) to report the rates of untreated and unreported ECG-detected AF among ventricular-paced patients with an indication for anticoagulation, (3) to describe the length of delay in AF recognition and treatment among patients who should be considered for anticoagulation at the time of ECG-detected AF and (4) to identify possible strategies that can improve reporting of AF on ECGs with ventricular-paced rhythm using our institutional software (MUSE Editor ©). This is a retrospective multicenter review of ventricular-paced ECGs. ECGs will be reviewed and confirmed by two independent cardiologists who are blinded from the MUSE interpretation of the ECGs. Of the sample of 1500 ECGs with ventricular-paced rhythm from 2017-2019, 2 independent cardiologists agreed that AF was present in 622 EKGs (41.5%). Of these, 251 (40.4%) were not reported by the interpreting physician to have AF.

CONCLUSION: Our study shows that there is a high prevalence of unreported AF on ECG in patients with ventricular-paced rhythm in our local facilities. Further studies are warranted on describing whether this impacts treatment and outcomes among ventricular-paced patients. This study also highlights the importance of identifying possible strategies to improve reporting of AF on ECGs with ventricular-paced rhythm.

P079
QUANTITATIVE COMPARISON OF ELECTROCARDIOGRAM FROM SKIIN FULLY TEXTILE CHEST BAND AGAINST STANDARD GEL ELECTRODES

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BACKGROUND: The Skiin Underwear system is a wearable medical device in the form of undergarments that comes with a magnetically attached recording module. The system captures 3 channels of ECG besides temperature and activity and transmits them via Bluetooth Low Energy (BLE) to Skiin companion software, and from there to backend and a web portal.

METHODS AND RESULTS: Ten adult participants (5 men and 5 women) worn appropriate-size Skiin chestband (M-XL for men and 2XS-S for women) at subpectoral level, and gel electrodes were placed at closest locations beneath the chest band electrodes (Figure 1). Skiin under the chest band was moisturized without any residue of the moisturizer (Lubriderm). A reference ECG recording system (NorthEast DR200) was used for simultaneous ECG recording of the same ECG leads. The study was performed under the study approved by the University of Toronto Research