Patterns of antithrombotic therapy and type of atrial fibrillation: insights from the Global Anticoagulant Registry in the FIELD (GARFIELD)

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PURPOSE

- Oral anticoagulation is recommended for all patients with atrial fibrillation (AF) who are at moderate to high risk of stroke and without contraindications, irrespective of the type of AF (paroxysmal, persistent or permanent).¹
- We sought to compare rates of antithrombotic use according to CHA2DS2-VASc score,² HAS-BLED score,³ and type of AF in an international cohort of patients from the Global Anticoagulant Registry in the FIELD (GARFIELD).

METHODS

- The GARFIELD Registry is an ongoing, observational, multicentre, international study of adult patients newly diagnosed with AF and at risk of stroke.⁵
- Patient enrolment into cohort 1 of (5) took place between December 2009 and October 2011 at 543 sites in 19 countries in Asia-Pacific (n=2931, 27.8%), Australia, China (Korea, Japan), Canada (n=228, 2.2%), Europe (n=6353, 62.0%), Austria, Denmark, Finland, France, Germany, Italy, Netherlands, Norway, Poland, Spain, Sweden, UK, and Central/South America (n=843, 8.0%; Brazil, Mexico). Investigator sites are representative of the distribution of AF care settings in each country.
- Prospectively enrolled patients were ≥18 years old, newly diagnosed (≤6 weeks previously) with non-valvular AF, with ≥1 additional investigator-determined stroke risk factor, not limited to those included in existing risk scores. For patients with established AF (diagnosed ≥6–24 months before enrolment) and ≥1 additional stroke risk factor, baseline data were collected retrospectively from the time of their diagnosis. Data for prospective and retrospective patients were combined in this analysis, with similar numbers of patients in each group.
- Data collected at baseline included patient demographics, medical history, nature of AF, and antithrombotic treatments at diagnosis.
- All components of the CHA2DS2-VASc,⁵ HAS-BLED risk scores are captured in the GARFIELD database, allowing for objective retrospective risk stratification.

RESULTS

- Over half (55.2%) of the patients had a CHADS2 score ≥2 (moderate or high risk), 36.3% had a score of 1 (moderate risk), and 8.5% a score of 0 (low risk).
- Most patients (81.4%) had a CHA2DS2-VASc score of ≥2 (high risk), 15.2% had a score of 1 (moderate risk), and 3.3% had a score of 0 (‘truly’ low risk).
- Of 6327 patients with available HAS-BLED scores, most (74.1%) had a HAS-BLED score of 0–2 (low or intermediate risk), the other 25.9% had a score ≥2 (high risk).
- Patients with paroxysmal AF showed lower rates of vitamin K antagonist use across all categories of CHADS2 score (Figure 2), CHA2DS2-VASc score (Figure 3), and HAS-BLED score (Figure 4).

CONCLUSIONS

- These contemporary, observational data suggest lower rates of vitamin K antagonist use in patients with paroxysmal AF versus other types of AF across all risk groups in everyday clinical practice.
- A substantial proportion of patients at low risk of stroke received vitamin K antagonist therapy across both stroke risk scores, but notably among ‘truly’ low-risk patients (CHA2DS2-VASc score of 0).

Declarations of interest

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References


5. The GARFIELD Registry will provide validated, rigorous, worldwide data on ‘real-world’ risk stratification, management, and their application in clinical practice. The GARFIELD Registry is supported by an unrestricted research grant from Bayer Pharma AG.