Differences in two-year outcomes according to type of atrial fibrillation: results from the GARFIELD-AF registry

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**BACKGROUND**
- The type of atrial fibrillation (AF) has not been established as a major predictor of stroke or death, with conflicting reports in the literature.
- Therefore, AF burden, defined according to each type of AF has not been factored into the guidance for clinical decision making.

**PURPOSE**
- To analyse outcomes over 2 years after diagnosis of AF by type of AF and by antithrombotic therapy.

**METHODS**
- The Global Anticoagulant Registry in the Field-Atrial Fibrillation (GARFIELD-AF) is a prospective non-interventional study designed to reflect patient management according to local practice.
- Adults (≥18 years) with newly diagnosed (4 weeks' duration) AF and a investigator-determined risk factor(s) for stroke were enrolled.
- We analysed baseline characteristics, antithrombotic therapy, and 2-year incidence of outcomes in patients classified as having paroxysmal, persistent, or permanent AF.

**RESULTS**
- All patients listed as 'new' or without a classification at baseline were assigned the type of AF listed at the 4-month time point, where available.

**LIMITATIONS**
- Of the 28,628 patients available, type of AF was missing for 7,018 (24.5%).
- Adjusted HRs also showed that mortality is significantly less in paroxysmal vs persistent and permanent AF (Figure 2).

**CONCLUSIONS**
- Patients with paroxysmal AF were less likely to be prescribed AC therapy (with or without AP therapy) than those with persistent or permanent AF.
- Persistent and permanent AF were associated with higher mortality risk compared with paroxysmal AF, but had similar adjusted risks of stroke/SE and major bleeding during 2 years of follow-up.
- We found no statistically significant interaction between type of AF and AC therapy for clinical outcomes.

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