OAC prescription despite low thromboembolic risk

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BACKGROUND

- Oral anticoagulation (OAC) is prescribed in ~40% of patients with atrial fibrillation (AF) and low thromboembolic risk (i.e., CHA2DS2-VASc score 0 [men] or 1 [women]).
- Guidelines recommend against OAC in such patients as the annual thromboembolic risk (<1%) is outweighed by the bleeding risk.
- Determinants of the clinical decision to prescribe OAC for patients with low thromboembolic risk are poorly understood.

PURPOSE

To identify patient characteristics associated with OAC use in newly diagnosed AF despite a low thromboembolic risk.

METHODS

- Global Anticoagulant Registry in the FIELD–Atrial Fibrillation (GARFIELD-AF) registry

RESULTS

Figure 1. Patient population from the GARFIELD-AF registry

Table 1. Patient characteristics associated with OAC use (GARFIELD-AF registry)

<table>
<thead>
<tr>
<th>Predictor</th>
<th>OR (95% CI)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td>2.74 (1.55 – 4.85)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Age &gt;75 y/o</td>
<td>1.34 (1.02 – 1.78)</td>
<td>0.034</td>
</tr>
<tr>
<td>High socio-economic status</td>
<td>1.40 (1.05 – 1.85)</td>
<td>0.019</td>
</tr>
<tr>
<td>Low socio-economic status</td>
<td>0.75 (0.56 – 1.00)</td>
<td>0.049</td>
</tr>
<tr>
<td>Concomitant antiplatelet therapy</td>
<td>1.69 (1.40 – 2.03)</td>
<td>&lt;0.001</td>
</tr>
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CONCLUSIONS

- Persistent or permanent AF, older age among those <65 years, and heavy alcohol use are associated with OAC use in AF despite low thromboembolic risk.
- In patients at low thromboembolic risk, female gender and concomitant antiplatelet therapy are inversely associated with OAC use.
- Rates of ischemic stroke or systemic embolism and major bleeding are very low in men/women with CHA2DS2-VASc = 0, irrespectively of OAC use.
- Among reasons listed in the web-based survey, physicians frequently report risk factors for stroke not included in the CHA2DS2-VASc score as the reason to prescribe OAC therapy despite low thromboembolic risk.

ACKNOWLEDGEMENTS

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DECLARATION OF INTEREST

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www.garfieldregistry.org

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GARFIELD-AF Registry

(n=11,750)

Excluded from analyses:
Patients with missing information on treatment (n=164) or CHA2DS2-VASc values (n=1,385)

Patients with CHA2DS2-VASc > 0 [men] or >1 [women] (n=47,892)

Figure 2. Clinical outcomes according to OAC use (GARFIELD-AF registry)

Table 2. Percentage of respondents reporting some or strong preference towards OAC prescription despite low thromboembolic risk (Physician survey results; n=229)

<table>
<thead>
<tr>
<th>Risk Factor Combinations</th>
<th>Reach, %</th>
</tr>
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<tbody>
<tr>
<td>Enlarged left atrium or spontaneous echo contrast</td>
<td>137 (99.8)</td>
</tr>
<tr>
<td>Presence + cardiovascular or obstructive procedures</td>
<td>145 (75.1)</td>
</tr>
<tr>
<td>Presence + rheumatic heart disease</td>
<td>143 (79.5)</td>
</tr>
<tr>
<td>Presence + subjective fear of stroke by the patient</td>
<td>113 (63.8)</td>
</tr>
</tbody>
</table>