Abstract: P1059

Atrial fibrillation and anticoagulation in hypertrophic cardiomyopathy

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Objectives
Chronic anticoagulation is recommended in patients with hypertrophic cardiomyopathy (HCM) and atrial fibrillation (AF). Direct oral anticoagulants (NOACs) are an alternative to VKAs but there are limited data to support their use in HCM. We sought to describe the pattern of use, thromboembolic events, bleeding in patients with HCM and AF treated with NOACs.

METHODS:
Data from patients treated with NOACs (n=158) and VKA (n=103) were retrospectively collected. Annual rates of embolic events, serious bleeding and death were analysed and compared.

RESULTS:
After median follow-up of 23.1 months, thromboembolic events (TIA/stroke and peripheral embolism) occurred in 6% of patients on oral anticoagulation. Major/clinically relevant bleeding occurred in 2.8% and the global mortality rate was 11.2%. Thromboembolic event rate was 0.89 per 100patient-years in the NOAC group vs. 1.24 in the VKA group [subhazard ratio (SHR) 0.52;95%CI:0.14-2.45; p=0.27]. Major/clinically relevant bleeding occurred in 0.52 per 100person-years in the NOAC group vs. 0.70 in the VKA group (SHR 1.28;95%CI 0.24-6.30; p=0.56).

CONCLUSIONS:
HCM patients with AF on NOACs showed similar embolic and bleeding rates to those on VKA.