Abstract: P4770

Antithrombotic challenge in the clinical dilemma of high-risk patients with atrial fibrillation: one-year result from ChiOTEAF Registry

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On behalf: Optimal Thrombophylaxis in the Chinese Elderly patients with Atrial Fibrillation Registry investigators

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Background The antithrombotic treatment is the main goal of management on atrial fibrillation (AF). However, the optimal thrombophylaxis still remains the problem in the "high-risk" population, such as the elderly, with renal/liver dysfunction, malignancy, stent implantation, etc.

Objectives The present study aims to explore the optimal antithrombotic strategy in a "high-risk" population with multiple comorbidities.

Methods The ChiOТЕAF (Ethic approval number of Central Medical Ethic Committee of General PLA Hospital: S2014-065-01) is a prospectively, multi-center (44 research centers), real-world registry across China. The protocol was seen in BMJ Open (Guo Y, et al. 2018). A Cox proportional hazard model analysis was performed for the outcome of antithrombotic therapy among this high-risk population.

Results 6148 patients with AF (mean age 74 years old, female 39.4%), were enrolled into ChiOTEAF study between Oct 2014 to Dec 2018. The use of non-vitamin K antagonist oral anticoagulants (NOACs), warfarin, and antiplatelet were 1444 (23.5%), 1300 (21.1%), and 2521 (41.0%), respectively, in this high-risk AF population. During one-year follow-up, there were 186 (3.0%) all-cause death.

Among the above "clinical dilemma", the antiplatelet use was common in patients with CKD/Liver disease and stent implantation (43.5%, 56.9%, respectively, p<0.05), the oral anticoagulants (OACs) combined with antiplatelet was most seen in patients with stent implantation (15.4%, p<0.05), OACs alone were highest in patients with prior TE (38.1%, p<0.05), while patients with malignancy and prior bleeding far less received any antithrombotic drugs (41.8%, 31.3%, respectively, p<0.05)(Figure 1).

However, after adjusting baseline characteristics, OACs reduced the risk for all-cause death (hazard ratio, HR, 95% confidential interval, CI) for the patients with CKD/liver disease (HR, 95% CI, 0.28, 0.11-0.69, p=0.006), and for patients with prior TE (HR, 95% CI, 0.43, 0.21-0.91, p=0.028), respectively.
Conclusion Although suboptimal anticoagulants were common in the "high-risk" AF patients, OACs demonstrated the benefit for AF patients with CKD/liver disease, etc., while more evidences would be needed to optimise the antithrombotic strategy in different complex clinical settings.

Figure 1 Antithrombotic therapy in the "clinical dilemma" of high-risk population with AF