Purpose: To identify patient characteristics and reasons for clinicians to prescribe OAC therapy in AF despite a low thromboembolic risk.
Methods: Patient characteristics associated with OAC prescription were assessed in the subgroup with a low CHA2DS2-VASc score from the GARFIELD-AF registry. All-cause mortality, ischemic stroke or systemic embolism, and major bleeding were compared according to OAC status. Next, a diverse group of clinicians involved in AF care were questioned through a web-based survey. Items included factors, not included in the CHA2DS2-VASc score, that may influence prescription of OAC therapy in AF.
Results: In the GARFIELD-AF registry (n=52,014), 2,123 patients had a low CHA2DS2-VASc score. OAC therapy was prescribed in 950 (45%). Permanent [OR (95%) = 2.32 (1.52–3.56)] or persistent AF [OR (95%) = 3.08 (2.17–4.38)] and increasing age <65 years [OR (95%) = 1.34 (1.20–1.50)] demonstrated a significant increase in odds for OAC use, while concomitant antiplatelet therapy [OR (95%) = 0.083 (0.065–0.105)] and female gender [OR (95%) = 0.714 (0.561–0.907)] showed a significant decrease in odds. Crude event rates were low for those with as well as without OAC therapy: all-cause mortality (14 versus 20), ischemic stroke or systemic embolism (6 versus 5), and major bleeding (4 versus 3). When clinicians (n=229) were questioned about decision-making regarding OAC therapy for AF patients with low thromboembolic risk, an enlarged left atrium or spontaneous echo contrast was the most frequently cited reason (reach: 59.8%). Adding cardioversion or ablation procedures, rheumatic heart disease, and subjective fear of stroke by the patient increased the reach to 83.8% (Table 1).

Table 1

Risk factor combinations	Reach, n (%)
Enlarged left atrium or spontaneous echo contrast	137 (59.8)
Previous + cardioversion or ablation procedures	165 (72.1)
Previous + rheumatic heart disease	183 (79.9)
Previous + subjective fear of stroke by the patient	192 (83.8)

Reach is the number (percentage) of respondents reporting some or strong preference to prescribe oral anticoagulation therapy when the risk factor combination is present.

Conclusions: There is a discrepancy between patient characteristics predicting OAC use in AF patients with a low CHA2DS2-VASc score and factors reported by clinicians influencing their decision-making.
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ATRIAL FIBRILLATION – STROKE PREVENTION 2

P4801
Antithrombotic management in patients with atrial fibrillation and acute coronary syndromes

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Introduction: Antithrombotic therapy in patients with atrial fibrillation (AF) who present with an acute coronary syndrome (ACS) present a challenge given the need for combining antiplatelet (oftentimes dual therapy) with anticoagulation therapy. Triple antithrombotic therapy (TAT) increases the risk of bleeding and therefore remains a much-debated issue. Based on a large national registry we investigated antithrombotic practices and its prognostic value in patients with ACS accompanied by AF.
Methods: The PL-ACS registry is an ongoing, nationwide, multicenter, prospective, observational study of consecutively hospitalized patients with the whole spectrum of ACS in Poland. The current analysis pertains to the 677,591 patients hospitalized with a diagnosis of ACS between 2003 and 2017.
Results: 44,741 of 677,591 patients (6.6%) had AF, including 5.7% in the unstable angina (UA), 8.8% in the non-ST elevation myocardial infarction (NSTEMI), and 5.3% in ST-elevation myocardial infarction (STEMI). Patients with AF less frequently underwent percutaneous coronary intervention (PCI) in comparison to non-AF patients: 52.9% vs 54.1% P<0.05 in UA, 58.3% vs 69.3% P<0.05 in NSTEMI, and 88.1% vs 92.7% P<0.05 in STEMI. Interestingly, as many as 63.8% of patients received dual antiplatelet therapy (DAPT) without oral anticoagulant (OAC). 29.6% of patients received TAT (DAPT+OAC), and 1.8% of patients received dual antithrombotic therapy (single antiplatelet agent + OAC). 12-month follow-up revealed a higher rate of mortality, myocardial infarction and stroke and lower rates of hemorrhagic stroke (Figure 1).
Conclusions: Triple antithrombotic therapy in AF patients presenting with ACS is associated with a decline of major adverse cardiovascular (ischemic) events and is linked to a better prognosis. However, it is hampered by an elevated risk of hemorrhagic stroke. The relatively low rate of prescribing triple antithrombotic therapy probably reflects the changing guidelines and practices throughout the study period (2003–2017).

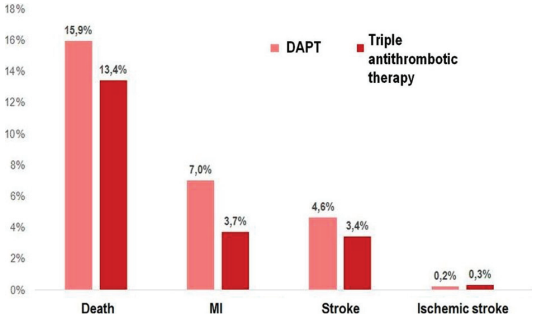

Figure 1

P4802
Advantage of novel oral anticoagulants compared to vitamin-K antagonist in atrial fibrillation. Data from real world

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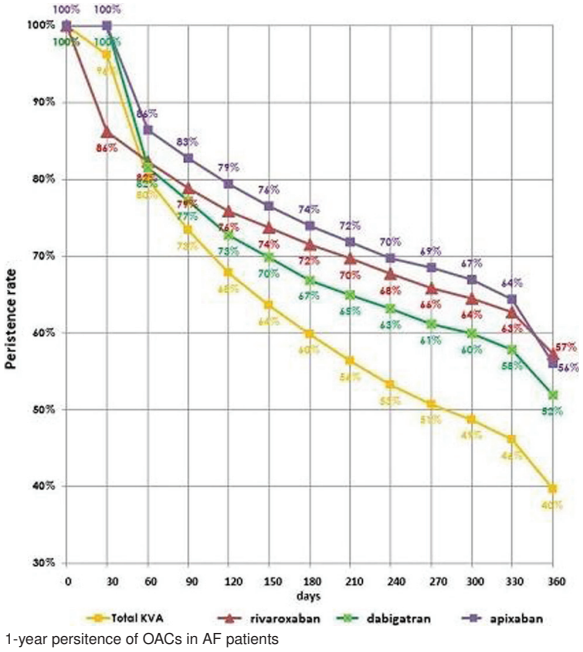
Introduction: Patient adherence to chronic drug treatment has a great importance to avoid adverse events. Oral anticoagulant therapy decrease significantly the risk of stroke in atrial fibrillation (AF).
Aim: Our aim was to investigate the one year persistence of the newly started vitamin K antagonist (VKA) and novel oral anticoagulnts (NOACs) therapy in patients suffered from AF.
Patients and methods: We analysed the database of National Health Insurance Found in Hungary on pharmacy-claims
The study included data for patients who newly started (not administered oral anticoagulants [OACs] therapy before one year) VKA therapy (acenocumarol or warfarin) or NOACs tharapy (apixaban, dabigatran or rivaroxaban) in last quarter of year 2015. To model the persistence, the apparatus of survival analysis was used, where "survival" was the time to abandon the medication. As it was available to month precision, discrete time survival analysis was applied: a generalized linear model was estimated with complementary log-log link function with the kind of drug being the only explanatory variable. Treatment discontinuation was defined as a 60-day gap (grace period) with no medication coverage.
Results: 19,059 AF patients started oral anticoagulants therapy in this period (KVAs n=13,144, dabigatran n=1,651, apixaban n=1,557 and rivaroxaban n=3,008). Six month persistence rate were with KVAs 60%, with dabigatran 67%, with rivaroxaban 72% and with apixaban 74%. 1-year persistence rate was lower in every treatment groups. AF patients with KVAs were 40%, with dabigatran was 52%, with apixaban was 56% and rivaroxaban was 57%. KVAs persistence rate was significantly lower compared to NOACs (p<0.001).



1-year persitence of OACs in AF patients

Conclusions: Results from our nationwide cohort study showed high non-