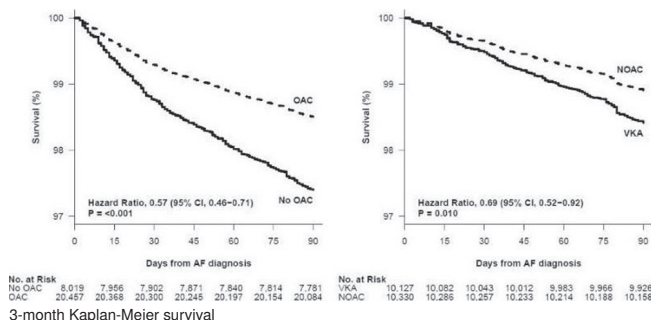


Congestive heart failure (16%), cancer (8%) and respiratory failure (6%) were the most common known causes of death followed by: myocardial infarction (5%), ischaemic stroke (5%), sudden death (5%), infection (5%) and sepsis (5%). After weighting, standardised differences showed an accurate balance between the 29 baseline variables and drug use. Weighted hazard ratios (HR) for all-cause mortality were: 0.57 (95% CI, 0.46–0.71); $P < 0.001$ for the comparison of OAC vs non OAC; and 0.69 (95% CI, 0.52–0.92); $P = 0.010$ for NOACs vs VKAs (figure). Stroke/systemic embolism (117 events, overall) and major bleeding (99 events) were not significantly different for the treatment comparisons.



Conclusion: GARFIELD-AF reveals significant early mortality in patients with newly diagnosed AF and significant mortality differences in favour of OACs, even after adjustment for 29 baseline variables. These differences are manifest within 3 months after diagnosis (number needed to treat, NNT=80). Strokes constituted only a minority of the events prevented. The benefit of NOACs (relative to VKAs) on mortality was also observed by 3 months (NNT=188). These findings extend the evidence from randomised trials with data from a prospective multinational registry population with newly diagnosed AF and raise questions about the impact of anticoagulation, beyond stroke prevention.

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Two-year outcomes of dabigatran etexilate in patients with atrial fibrillation with and without a history of coronary artery disease: data from GLORIA-AF

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Background: Patients with atrial fibrillation (AF) have a high prevalence of coronary artery disease (CAD) ranging from 18% to 47%, due to common risk factors such as older age, hypertension and diabetes. Oral anticoagulation is required for AF patients with moderate-to-high stroke risk. The safety and effectiveness of dabigatran etexilate (dabigatran) for stroke prevention in AF has been shown in randomized trials and numerous database studies. Prospective data from routine clinical practice are less common.

Purpose: This analysis from the global registry program GLORIA-AF describes clinical outcomes of dabigatran for up to 2 years in newly diagnosed AF patients with or without history of CAD.

Methods: GLORIA-AF is a prospective, observational global registry of patients with newly diagnosed AF and a CHA2DS2-VASc score of ≥ 1 . Patients prescribed dabigatran at baseline were followed for up to 2 years. CAD is defined here as history of coronary artery disease, myocardial infarction or angina pectoris. Baseline characteristics and event rates (incidence rates with 95% CI) in patients on dabigatran with and without a history of CAD are reported.

Results: Overall, 4873 patients were prescribed dabigatran and 4859 received it for an average of 18.3 \pm 9.2 months. Of these, 3643 patients had no history of CAD, while 1091 had CAD (for 125 patients CAD history was unknown). Compared with patients with no CAD, patients with CAD were more often male (64.7 vs 53.1%); older (mean age: 71.9 vs 69.6 years), had a higher mean CHA2DS2-VASc score (3.8 vs 3.0) and a higher mean HAS-BLED score (1.5 vs 1.2). Concurrent antiplatelet therapy was more common in patients with CAD than without, 32.2% versus 7.0%, respectively. For patients with CAD or without CAD the crude incidence rates of stroke were 0.65 and 0.68 per 100 patient-years, respectively. Major bleeding rates were 1.42 and 0.86 per 100 patient-years. Intracranial bleed rates were low with 0.06 and 0.20 per 100 patient-years in patients with or without CAD, respectively [see table for further outcomes]. Incidence rates standardized by stroke and bleeding risk will be presented.

Table: Clinical Outcomes in Patients Treated with Dabigatran by History of CAD

Outcome	Incidence rate per 100 patient years (95% CI)		
	History of CAD n=1091	No history of CAD n=3643	Total n=4859
Stroke	0.65 (0.31, 1.19)	0.68 (0.48, 0.93)	0.65 (0.48, 0.87)
Ischaemic stroke	0.45 (0.18, 0.93)	0.44 (0.28, 0.65)	0.43 (0.29, 0.61)
MI	1.03 (0.59, 1.68)	0.35 (0.21, 0.54)	0.50 (0.35, 0.69)
Vascular death	1.48 (0.94, 2.22)	0.68 (0.48, 0.93)	0.85 (0.65, 1.09)
Major bleeding	1.42 (0.89, 2.15)	0.86 (0.63, 1.14)	0.97 (0.76, 1.23)
Intracranial bleeding	0.06 (0.00, 0.36)	0.20 (0.10, 0.36)	0.17 (0.09, 0.29)

CI, confidence interval; CAD, coronary artery disease (defined as coronary artery disease, MI, angina); MI, myocardial infarction. CAD history was unknown in 125 patients.

Conclusion: This analysis provides insights on newly diagnosed patients with AF with or without co-morbid CAD. CAD adds to the disease burden of AF with increased crude rates of vascular mortality and MI compared to patients without CAD. Stroke, major bleed and intracranial bleed rates between groups were similar. Overall, over up to 2 years of treatment, the incidence rates of the assessed clinical events including stroke, major bleeding and MI were low with dabigatran, also among patients with CAD, confirming the long-term safety and effectiveness of dabigatran in clinical practice.

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Impact of age > 75 years on one-year events in patients with atrial fibrillation and left atrial appendage occluder implantation. Results of the prospective LAARGE Registry

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Background: Left Atrial Appendage Occluder (LAAO) implantation is an interventional method for stroke prevention in atrial fibrillation (AF) patients who are not eligible for long-term oral anticoagulation. Little is known about the impact of age on events after LAAO implantation.

Methods: The prospective LAARGE registry enrolled 641 patients who were scheduled for LAAO implantation. Data on baseline demographics, clinical characteristics, procedure indication, details of implantation and 1-year outcome were centrally collected and analysed. Here we compared outcomes of patients < versus > 75 years.

Results: A total of 641 consecutive patients (mean age: 75.9 \pm 8.0) were enrolled from July 2014 to January 2016 in 38 hospitals in Germany, were 37% < and 63% > 75 years. The 1-year events are shown in the table.

	<75 yrs (n=237)	>75 yrs (n=404)	p-Value
Mean age (yrs)	71	80	0.001
LAAO-dislocation	0.5%	1.5%	0.2
Death	8.3%	13.5%	0.04
NF-stroke	1.3%	0.7%	0.5
Systemic embolism	0.6%	0.9%	0.7
NF-MI	0.9%	1.0%	0.8
Severe bleeding	1.3%	2.7%	0.2
Moderate bleeding	3.4%	5.7%	0.2

Conclusion: In this real-world experience of LAAO implantation age > 75 years was associated with a higher all-cause 1-year mortality but similar low rate of stroke, systemic embolism and device dislocation compared to younger patients.

P2898

Comparative effectiveness and safety of non-vitamin K antagonist oral anticoagulants versus warfarin in non-valvular atrial fibrillation patients: the dose subgroup analysis of the ARISTOPHANES study

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Background: Limited real-world evidence exists on comparative effectiveness and safety of non-vitamin K antagonist oral anticoagulants (NOACs) versus warfarin by NOAC dosage.

Purpose: This subgroup analysis of the ARISTOPHANES (Anticoagulants for Reduction In STroke: Observational Pooled analysis on Health outcomes And Experience of patientS) study aimed to use multiple data sources to compare stroke/systemic embolism (S/SE), major bleeding (MB), and their respective com-