

## Edoxaban treatment of elderly patients with atrial fibrillation in routine clinical practice: 1-year results of the non-interventional Global ETNA-AF program

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**Background:** The prevalence of atrial fibrillation (AF) and the need for appropriate anticoagulation increase with age. The benefit/risk profile of direct oral anticoagulants such as edoxaban in elderly population with AF in regular clinical practice is therefore of particular interest.

**Purpose:** Analyses of Global ETNA-AF data were performed to report patient characteristics, edoxaban treatment, and 1-year clinical events by age subgroups.

**Methods:** Global ETNA-AF is a multicentre, prospective, noninterventional program conducted in Europe, Japan, Korea, Taiwan, and other Asian countries. Demographics, baseline characteristics, and 1-year clinical event data were analysed in four age subgroups.

**Results:** Of 26,823 patients included in this analysis, 50.4% were  $\geq 75$  years old and 11.6% were  $\geq 85$  years. Increase in age was generally

associated with lower body weight, lower creatinine clearance, higher CHA<sub>2</sub>DS<sub>2</sub>-VASc and HAS-BLED scores, and a higher percentage of patients receiving the reduced dose of 30 mg daily edoxaban. At 1-year, rates of ISTH major bleeding and ischaemic stroke were generally low across all age subgroups. The proportion of intracranial haemorrhage within major bleeding events was similar across age groups. All-cause mortality increased with age more than cardiovascular mortality.

**Conclusion:** Data from Global ETNA-AF support the safety and effectiveness of edoxaban in elderly AF patients (including  $\geq 85$  years) in routine clinical care with only a small increase in intracranial haemorrhage. The higher all-cause mortality with increasing age is not driven by cardiovascular causes.

	<65 yr (N=4,133)	$\geq 65$ –<75 yr (N=9,169)	$\geq 75$ –<85 yr (N=10,411)	$\geq 85$ yr (N=3,108)
Age [years], mean (SD)	57.3 (6.58)	70.0 (2.85)	79.1 (2.80)	87.9 (2.77)
Weight [kg], mean (SD)	80.7 (20.40)	73.0 (17.68)	68.0 (15.97)	60.1 (14.78)
CrCl [mL/min], mean (SD)	101.8 (33.71)	75.3 (22.27)	57.8 (18.06)	42.5 (14.25)
CHA <sub>2</sub> DS <sub>2</sub> -VASc, mean (SD)	1.5 (1.08)	2.8 (1.13)	4.0 (1.22)	4.3 (1.30)
HAS-BLED – modified, mean (SD)	1.4 (0.95)	2.5 (1.05)	2.7 (1.03)	2.7 (1.04)
History of congestive heart failure, %	12.3	11.1	15.3	24.1
Edoxaban 60 mg/30mg daily dose, %	77.6 / 22.4	63.9 / 36.1	44.9 / 55.1	19.3 / 80.7
Clinical event rates at 1-year follow up, n (%/year)				
Major bleeding (ISTH)	22 (0.58)	70 (0.83)	127 (1.33)	54 (2.01)
Intracranial haemorrhage	6 (0.16)	24 (0.28)	33 (0.34)	12 (0.45)
Major GI bleeding	10 (0.26)	29 (0.34)	66 (0.69)	35 (1.30)
Ischemic stroke	22 (0.58)	63 (0.74)	89 (0.93)	40 (1.49)
All-cause mortality	36 (0.95)	156 (1.84)	314 (3.28)	238 (8.83)
Cardiovascular mortality	18 (0.47)	68 (0.80)	124 (1.29)	89 (3.30)