Atrial Fibrillation (AF) - Oral Anticoagulation

Contemporary data evaluating 1-year clinical outcomes in patients with atrial fibrillation and coexisting valvular heart disease: the ETNA-AF-Europe study

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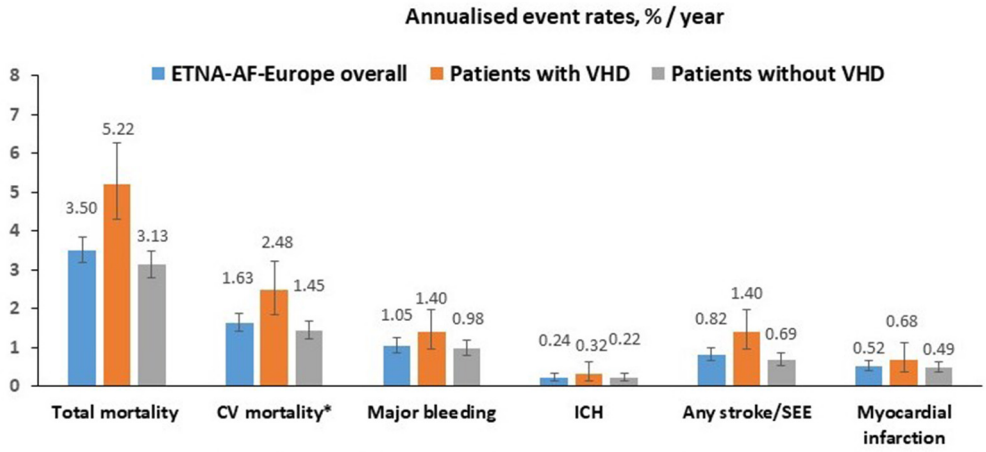
Background: Valvular heart disease (VHD) is a common comorbidity in patients with atrial fibrillation (AF); the optimal anticoagulant treatment of such patients remains largely unexplored. Purpose: To evaluate differences in the baseline characteristics and 1-year event profiles of edoxaban-treated AF patients with or without VHD. Methods: ETNA-AF-Europe prospectively enrolled 13,980 patients with AF from 825 centres in 10 European countries. Baseline characteristics and 1-year annualised event rates for edoxaban-treated AF patients with or without VHD were compared using descriptive analyses. VHD was defined as reported by investigator. Results: Of the 13,092 AF patients who completed the 1-year of follow-up, 2,314 patients had VHD and 10,778 did not have VHD at baseline. Patients with VHD were older, had lower body weight and worse renal function, a higher stroke score, and were considered more frail by their physician than patients without VHD (Table). Patients with VHD had higher annualised event rates of all-cause mortality, stroke or systemic embolic events and bleeding events than those without VHD (Figure). However, rates of intracranial haemorrhage and myocardial infarction were similar between those with and without VHD. Conclusions: Patients with or without VHD had low rates of adverse events on receiving edoxaban treatment. Patients with VHD had more comorbidities at baseline and a higher risk of mortality, major bleeding and stroke but not of ICH versus those without VHD after 1 year of treatment.

Baseline characteristics

	Overall (n = 13,092)	Patients with VHD (n = 2314)	Patients without VHD (n = 10,778)
Male, n (%)	7430 (56.8)	1245 (53.8)	6185 (57.4)
Age (years), mean ± SD	73.6 ± 9.5	75.9 ± 8.6	73.1 ± 9.6
Body weight (kg), mean ± SD	81.0 ± 17.3	78.0 ± 15.9	81.6 ± 17.5
CrCl (Cockcroft-Gault) (mL/min), mean ± SD	74.3 ± 30.4	66.0 ± 26.4	76.0 ± 30.9
CHA2DS2-VASc, mean ± SD	3.1 ± 1.4	3.5 ± 1.3	3.0 ± 1.4
Modified HAS-BLED, mean ± SD	2.5 ± 1.1	2.8 ± 1.1	2.4 ± 1.1
Frailty, n (%)	1392 (10.6)	381 (16.5)	1011 (9.4)
Current AF type Paroxysmal Persistent Long-standing persistent & permanent	7039 (53.9) 3159 (24.2) 2864 (21.9)	1083 (46.9) 578 (25.0) 648 (28.0)	5956 (55.4) 2581 (24.0) 2216 (20.6)
*Frailty was subjectively assessed as perceived by the investigator. AF, atrial fibrillation; CrCl, creatinine clearance; OD, once daily; SD, standard deviation; VHD, valvular heart disease.			

Abstract Figure. One-year outcomes



*Sensitivity analysis. CV, cardiovascular; ICH, intracranial haemorrhage; SEE, systemic embolic event; VHD, valvular heart disease