HIGH ATRIA RISK SCORE IS ASSOCIATED WITH ADVERSE EVENTS IN HEART FAILURE PATIENTS WITH ATRIAL FIBRILLATION

Poster Contributions
Hall C
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Session Title: Heart Failure and Cardiomyopathies: Prognostic Factors and Determinants of Outcomes in Heart Failure Patients
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Background: Heart failure (HF) patients have a significant risk of developing atrial fibrillation (AF). Recent literature suggests that the ATRIA Score is a superior predictor for adverse hemorrhagic events for those diagnosed with AF. We hypothesized that the ATRIA score would be a better predictor than the CHADS-VASC score for adverse events in HF patients who develop AF.

Methods: This was a retrospective review of 286 patients diagnosed with HF who subsequently developed AF and were placed on warfarin. Our primary outcomes of interest were death and time to first composite adverse event (myocardial infarction, stroke, pulmonary embolism or death) after the development of AF. We compared the CHADS-VASC and ATRIA scores to determine if high scores were associated with adverse events.

Results: Using Cox analysis the CHADS-VASC score did not identify patients at risk for adverse events. However, Cox analysis revealed that HF patients with high ATRIA scores (≥3) have a higher hazard for time to an adverse event (figure 1). Multivariate analysis revealed that end-stage renal disease (HR 1.68, CI 1.04-2.46) or taking both aspirin and clopidogrel (HR 1.65, CI 1.07-2.19) were significant predictors for adverse events.

Conclusion: HF patients who had high ATRIA scores were more likely to experience an adverse event after the diagnosis of AF. This new risk score could provide prognostic information for HF patients that ultimately develop AF.