INAPPROPRIATE ORAL ANTICOAGULANT USE IN ATRIAL FIBRILLATION PATIENTS WITH A LOW RISK OF THROMBOEMBOLISM: INSIGHTS FROM THE NCDR® PINNACLE PROGRAM

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Background: Among atrial fibrillation (AF) patients without thromboembolic risk factors, treatment with anticoagulation (AC) carries bleeding risks that may outweigh an antithrombotic benefit. Despite consensus guidelines that caution against AC therapy in those at low risk for thromboembolism, inappropriate use of oral AC therapy may exist in real-world practice.

Methods: We identified patients with AF meeting criteria for an ACC/AHA/ESC class III indication against use of AC (age < 60 years, CHADS2 score = 0, and no structural heart disease) enrolled in the ACC NCDR-PINNACLE Registry between July, 2008 and June, 2012. Using hierarchical modified Poisson regression models adjusted for patient characteristics, we examined the prevalence and predictors of oral AC treatment in these low thromboembolic risk AF patients.

Results: Among 7,661 patients identified to be at low risk for thromboembolism, oral AC was prescribed in 1,694 (22.1%) [warfarin in 1,514 (89.4%), rivaroxaban or dabigatran in 180 (10.6%)]. In multivariable analysis, older age, male sex, and Medicare insurance (compared to private insurance) were associated with more frequent use of oral AC, whereas treatment in Southern states (compared to Northeast states) was associated with less frequent use of oral AC (Figure).

Conclusions: In a large, real-world population of low thrombotic risk outpatients with AF, 1 in 5 were treated with oral AC, against guideline recommendations.