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PHYSICIAN CHOICE OF DISCHARGE ANTITHROMBOTIC REGIMEN IN PATIENTS WITH ATRIAL FIBRILLATION UNDERGOING PERCUTANEOUS CORONARY INTERVENTION BASED ON BLEEDING AND ISCHEMIC RISK ASSESSMENT: RESULTS FROM AVIATOR MULTI-CENTER REGISTRY.

Poster Contributions
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Background: Patients with atrial fibrillation (AF) undergoing percutaneous coronary intervention (PCI) are at risk for bleeding and ischemic events. Determinants of physician choice of antithrombotic regimen in these patients are unclear.

Methods: We included 859 consecutive patients with non-valvular AF undergoing PCI between 2009 and 2011 at 4 centers (1-US, 3-Italy) from the AVIATOR registry. We evaluated patient and procedural characteristics associated with use of dual antiplatelet therapy (DAPT-aspirin and clopidogrel) vs. triple therapy (TT- warfarin plus DAPT). The risk of thromboembolic and bleeding events were estimated using CHADS2 and HAS-BLED scores.

Results: Compared to those discharged on DAPT (n=488, 57%), those discharged on TT (n=371, 43%) were more frequently male (75% vs. 70%) with more permanent AF (71% vs. 42%). Higher CHADS2 score was associated with higher TT prescription. Within each HAS-BLED category, increasing CHADS2 score was associated with increasing rates of TT. However, within each CHADS2 category, increasing HAS-BLED score did not appreciably impact the rate of TT prescription (Fig). These results were confirmed also after multivariate analysis.

Conclusions: In contemporary practice, among patients undergoing PCI with AF, perceived ischemic risk appears to be a stronger determinant of antithrombotic therapy choice on discharge than bleeding risk.