Poster Contributions
Poster Hall B1
Saturday, March 14, 2015, 3:45 p.m.-4:30 p.m.

Session Title: Anticoagulation for Atrial Fibrillation: How Are We Doing?
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Background: Maintaining INR values in the 2.0-3.0 range is important for the safety and effectiveness of warfarin. Some have suggested that warfarin treated patients with stable INR values may not benefit from being switched to one of the novel oral anticoagulants.

Methods: Using the US ORBIT AF registry, we analyzed chronic INR management of warfarin treated atrial fibrillation (AF) patients with at least 9 INR measurements within 18 months follow up across 144 sites. We performed a landmark analysis at 6 months and calculated the proportion of INR values in the 2.0-3.0 range 6 months before and 12 months after the landmark.

Results: Among 3,749 AF patients on chronic warfarin, at 6-month follow-up, only 10% (95% CI = 9-11%) had 100% of their INR values in the therapeutic range (2.0-3.0) while 26% (24-27%) of patients had 80% or more in therapeutic range. Over the next 12 months 90% (87-93%) and 92% (90-94%) of these two definitions of “stable INR patients” had at least one INR measurement outside of the 2.0-3.0 range (Figure). Similarly, 33% (29-38%) and 36% (33-39%) of these stable patients, respectively, had an INR value well outside of range (INR < 1.5 or > 4.0) over the subsequent year.

Conclusion: Only 1 in 10 patients on chronic warfarin had all INR values in therapeutic range in a 6-month period, and 90% of those patients will have at least 1 INR value outside of therapeutic range over the next year. Thus, few patients are truly stable on warfarin and a past record of stability only weakly predicts future results.