DABIGATRAN VERSUS STANDARD ANTITHROMBOTIC THERAPY FOR NEW ONSET NONVALVULAR ATRIAL FIBRILLATION: IMPACT ON HOSPITAL LENGTH OF STAY

Poster Contributions
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Background: Atrial Fibrillation (AF) is the most common cause of arrhythmia related hospital admission. Anticoagulation (A/C) is typically initiated for stroke prevention for pts with new onset AF. Standard A/C regimens include unfractionated or low molecular weight heparin transitioned to warfarin. Dabigatran, a direct thrombin inhibitor with rapid onset, was recently added to the 2011 AHA AF Guidelines.

Methods: Retrospective chart review of all pts with principal/primary discharge diagnosis of AF hospitalized between 3/2011 - 9/2011 at Mt. Sinai Hospital (1,171 bed tertiary care, teaching hospital in New York City). We compared hospital length of stay (LOS) in pts started on dabigatran (DAB) or standard (STD) antithrombotic therapy.

Results: 322 pts were reviewed. 36 pts (n=18 STD, n=18 DAB) with new onset NVAF started on AC during hospital stay were identified. No differences were seen between STD and DAB pts in age (mean 70±12 years), sex (66.5% male), or CHADS2 score (mean score= 2) [all p=NS]. Compared to STD, treatment with DAB was associated with shorter duration of median in-hospital AC (median days 4.0 vs. 2.0, p <0.001) and shorter hospital LOS (median hrs, 75.5 vs. 49.5, and median days, 4.0 vs. 3.0 [both p<0.01]) [See Figure].

Conclusions: For pts hospitalized with new onset non valvular AF, initiation of anticoagulation using dabigatran vs. standard anticoagulation strategies was associated with a significant reduction of approximately one full day of hospital LOS.