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BODY MASS INDEX AND OUTCOMES WITH APIXABAN VERSUS WARFARIN IN PATIENTS WITH ATRIAL FIBRILLATION IN THE ARISTOTLE (APIXABAN FOR REDUCTION IN STROKE AND OTHER THROMBOEMBOLIC EVENTS IN ATRIAL FIBRILLATION) TRIAL

Moderated Poster Contributions
Arrhythmias and Clinical EP Moderated Poster Theater, Poster Hall B1
Monday, March 16, 2015, 10:15 a.m.-10:25 a.m.

Session Title: Risk Factor and Demographic Influences in Arrhythmias
Abstract Category: 4. Arrhythmias and Clinical EP: AF/SVT
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Authors: *Roopinder K. Sandhu, Justin Ezekowitz, Ulrika Andersson, John Alexander, Christopher Granger, Sigrun Halvorsen, Michael Hanna, Ziad Hijazi, Petr Jansky, Renato Lopes, Lars Wallentin, University of Alberta, Edmonton, Canada*

Background: Body Mass Index (BMI) is a risk factor for atrial fibrillation (AF). Few studies have examined the relations between BMI and outcomes in patients with AF treated with different types of oral anticoagulation.

Methods: The ARISTOTLE trial randomized 18,201 patients with AF to median 1.8 years treatment with apixaban or warfarin. Based on BMI kg/m2, 4246 patients were categorized normal (< 25), 6702 overweight (25-29) and 7159 obese (> 30). Outcomes were stroke/systemic embolism, composite (stroke/systemic embolism, myocardial infarction or all-cause mortality), all-cause mortality and major bleeding. Multivariable models were used to estimate hazard ratios (HR) within BMI categories adjusting for established risk factors and study treatment. Significances of interactions were tested by continuous BMI and study treatment.

Results: (see figure): Patients assigned to apixaban had a lower risk for each outcome across the range of BMI without any significant treatment interaction. In multivariable analyses BMI was associated with lower mortality [overweight: HR 0.65 (95%CI 0.57-0.75); obese: HR 0.61 (0.52-0.71), p<0.0001], composite outcome [overweight: HR 0.72 (0.64-0.81); obese: HR 0.67 (0.58-0.76), p<0.0001] but not stroke nor major bleeding.

Conclusion: In patients with AF, treatment with apixaban versus warfarin is associated with fewer strokes, lower mortality and less bleeding. In this population lower BMI is associated with higher event rates and higher mortality.