



E670
JACC March 27, 2012
Volume 59, Issue 13

Arrhythmias

INAPPROPRIATE UTILIZATION OF ANTICOAGULATION IN PATIENTS WITH ATRIAL FIBRILLATION: THE GLOBAL ANTICOAGULANT REGISTRY IN THE FIELD (GARFIELD) REGISTRY

ACC Moderated Poster Contributions
McCormick Place South, Hall A
Monday, March 26, 2012, 11:00 a.m.-Noon

Session Title: Arrhythmias: AF/SVT: Outcomes in Patients with Atrial Fibrillation: Beyond CHADS2

Abstract Category: 16. Arrhythmias: AF/SVT

Presentation Number: 1236-167

Authors: *Gregory Lip, Jean-Pierre Bassand, David Fitzmaurice, Samuel Goldhaber, Shinya Goto, Freek Verheugt, Alexander Turpie, Iris Mueller, Sophie Rushton-Smith, Ajay Kakkar, University of Birmingham Centre for Cardiovascular Sciences, City Hospital, Birmingham, United Kingdom, Thrombosis Research Institute, London, United Kingdom*

Background: Guidelines promote risk scores (CHADS2, CHA2DS2-VASc) to aid clinical decision-making. Global real-life data are needed to profile risk and thromboprophylaxis use among newly diagnosed AF patients at risk for stroke.

Methods: GARFIELD is a global registry of $\geq 55,000$ patients enrolled as 5 sequential prospective cohorts (incl. 1 retrospective validation group in cohort 1) at >1000 sites in up to 50 countries. Eligible patients are ≥ 18 yr, recently diagnosed with nonvalvular AF, with ≥ 1 additional stroke risk factor. Data from 10,135 subjects (mean 70.1 yr; 43.2% women) from cohort 1 are presented.

Results: 3850 (38%) patients were ≥ 75 yr; 3401 (34%) were 65-74 yr. Prevalence of hypertension was 78%, heart failure 19%, diabetes 22%, stroke/TIA 14%, MI/unstable angina 10% and peripheral artery disease 6.9%. Oral anticoagulants (OAC) were used in 48%, aspirin in 25% and no antithrombotic therapy in 13%. Mean CHADS2 and CHA2DS2-VASc scores were 1.8 and 2.9, respectively. Based on CHADS2 and CHA2DS2-VASc scores, 55.3% and 81.3%, respectively, would be defined as high risk and OAC should be prescribed, but OAC is clearly underutilized with little relationship to stroke risk (Table).

Variable	Total cohort n (%)	OAC prescribed	Aspirin	No antithrombotic therapy	Both OAC plus aspirin
CHADS2					
0	855 (8.4)	38.2%	31.8%	20.8%	9.1%
1	3674 (36.3)	46.5%	27.4%	15.0%	11.1%
≥ 2	5599 (55.3)	51.2%	22.2%	9.8%	16.8%
CHA2DS2-VASc					
0	341 (3.4)	34.6%	34.9%	22.0%	8.5%
1	1552 (15.3)	43.9%	28.7%	16.8%	10.6%
≥ 2	8235 (81.3)	49.8%	23.8%	11.4%	15.0%

Conclusion: GARFIELD provides real-world validated, rigorous data on AF treatment and outcomes globally. There was a strong relationship between prescribing of antithrombotics and stroke risk stratification, but OACs are used inappropriately in a large proportion of AF patients