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Heart Failure and Cardiomyopathies

EFFECT OF LEFT VENTRICULAR SYSTOLIC DYSFUNCTION ON WARFARIN DOSE

Poster Contributions

Poster Hall B1

Monday, March 16, 2015, 9:45 a.m.-10:30 a.m.

Session Title: Moving Towards Better Management of Heart Failure

Abstract Category: 14. Heart Failure and Cardiomyopathies: Clinical

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Background: Patients who take warfarin for anticoagulation remain therapeutic only around half the time. Many indications for anticoagulation, including atrial fibrillation, occur commonly in patients with heart failure (HF) with reduced ejection fraction (HFrEF). HFrEF leads to reduced perfusion as well as congestion of liver, which may reduce metabolism of drugs. We hypothesized that patients with reduced left ventricular ejection fraction (LVEF) require less warfarin dose.

Methods & Results: In a prospective registry of 1340 patients taking warfarin, 167 patients had left ventricular systolic dysfunction (LVSD), as defined by LVEF <35%. On univariate analyses, patients with LVSD, required lower warfarin dose, compared with patients without LVSD (5.1 mg/day vs. 5.7 mg/day, respectively, $p=0.02$). On multivariate analyses, after adjusting for baseline clinical and genetic profile, LVSD was associated with 10% lower warfarin dose ($p=0.005$, Figure). There was no difference between patients who had LVSD and those who did not have LVSD, in the proportion of time the patients were subtherapeutic, therapeutic and suprathreshold during follow-up.

Conclusion: Our results demonstrated that patients who have LVSD require lower dose of warfarin. Future prospective outcomes trials are required to examine whether starting lower dose of warfarin in patients with LVSD is superior to conventional dosing of warfarin in such patients.

