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APIXABAN COMPARED WITH WARFARIN IN PATIENTS WITH DIABETES AND NONVALVULAR ATRIAL FIBRILLATION IN THE ARISTOTLE TRIAL

Poster Contributions
Hall C
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Background: Diabetes mellitus (DM) is a risk factor for stroke and systemic embolism (SSE) in patients with atrial fibrillation.

Methods: We evaluated baseline characteristics and clinical outcomes of patients with or without DM in ARISTOTLE. The main efficacy endpoints were SSE and mortality; safety endpoints were ISTH major and major/clinically relevant non-major (CRNM) bleeding.

Results: A total of 4547/18,201 (24.9%) had DM. Those with DM were younger (69 vs. 70 yrs), more had CAD (39 vs. 31%), renal dysfunction (52 vs. 60%), and higher mean CHADS2 (2.9 vs. 1.9) and HAS-BLED scores (1.9 vs. 1.7) (all $p<0.0001$). Patients with DM receiving apixaban had lower rates of SSE (HR 0.75, 95% CI 0.52-1.05), all-cause mortality (HR 0.83, 95% CI 0.67-1.02), cardiovascular mortality (HR 0.89, 95% CI 0.66-1.20), and a similar rate of MI (HR 1.02, 95% CI 0.62-1.67). An interaction between DM and apixaban vs. warfarin was seen for major (interaction p=0.003) and major/CRNM bleeding (interaction p=0.0009) but not total bleeding (interaction p=0.71). Patients with DM receiving apixaban had similar rates of major (HR 0.96) and major/CRNM bleeding (HR 0.91) and a lower rate of any bleeding (HR 0.73). For patients without DM, rates of bleeding were lower with apixaban (major HR=0.60, major/CRNM HR=0.61, any HR=0.71).

Conclusions: Our findings are consistent with the main trial results. The observation that apixaban results in lower rates of bleeding in those without DM is unexpected and deserves further investigation.

Figure. Unadjusted rate of (a) stroke or systemic embolism and (b) ISTH bleeding in patients with or without diabetes mellitus randomized to warfarin or apixaban.