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Acute Coronary Syndromes

DUAL ANTIPLATELET THERAPY AND OUTCOMES IN PATIENTS WITH ATRIAL FIBRILLATION AND ACUTE CORONARY SYNDROMES

Poster Contributions
Hall C
Saturday, March 29, 2014, 3:45 p.m.-4:30 p.m.

Session Title: Clinical Aspects of Anti Platelet Therapy in Acute Coronary Syndrome
Abstract Category: 3. Acute Coronary Syndromes: Therapy
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Background: Atrial fibrillation (AF) frequently accompanies acute coronary syndromes (ACS). However, it is unclear whether it is associated with worse outcomes in patients treated medically with dual antiplatelet therapy.

Methods: We compared ischemic and bleeding events by baseline AF status for ACS patients managed with aspirin + clopidogrel 75 mg/d vs aspirin + prasugrel 5 or 10 mg/d for ≤30 months in the TRILOGY ACS trial. Patients treated with oral anticoagulants or revascularization were ineligible. Of 9,326 patients, 752 not treated with aspirin at randomization and 208 missing baseline AF data were excluded.

Results: Of 8,364 patients analyzed, 7,701 (7.9%) had new/existing AF at randomization. AF patients were older (72 vs 65 y) and more often had heart failure (34% vs 17%), higher GRACE (138 vs 120) and CHA2DS2VASc (3.7 vs 2.9) scores, and lower creatinine clearance (65 vs 74 mL/min; p<0.001 for all). Frequencies of ischemic and bleeding outcomes through 30 months were significantly higher for AF patients (Table). After adjustment, there was no significant treatment interaction by AF status for the primary composite endpoint (p=0.064) or GUSTO severe/life-threatening/moderate bleeding (p=0.093).

Conclusion: AF patients experience higher ischemic and bleeding events compared with those without AF. However, after adjustment, the associations are attenuated, suggesting that the difference in event rates is largely explained by the excessive comorbidity that accompanies AF.

Table. Ischemic and Bleeding Events Through 30 Months for Patients With and Without Atrial Fibrillation

	Event rates and outcomes through 30 months (95% CI)					
Event	AF (n=663)	No AF (n=7,701)	Unadj. HR (95% CI)	P	Adj. HR (95% CI)	P
CV death, MI, or stroke	31.6 (25.1, 38.1)	18.2 (16.9, 19.5)	1.64 (1.36, 1.97)	<0.001	1.03 (0.78, 1.35)	0.852
CV death	16.9 (11.5, 22.4)	9.1 (8.2, 10.0)	1.68 (1.30, 2.17)	<0.001	1.18 (0.91, 1.54)	0.216
MI	17.0 (12.8, 21.2)	11.1 (9.9, 12.2)	1.54 (1.21, 1.97)	<.001	1.19 (0.92, 1.53)	0.184
Stroke	6.1 (1.6, 10.7)	2.0 (1.5, 2.4)	2.20 (1.31, 3.69)	0.003	1.57 (0.92, 2.69)	0.101
All-cause death	18.2 (13.3, 23.2)	11.2 (10.2, 12.1)	1.59 (1.26, 2.00)	<0.001	1.12 (0.88, 1.43)	0.347
GUSTO severe/life-threatening/mod. bleeding	6.7 (1.5, 11.9)	2.9 (2.3, 3.5)	1.17 (0.65, 2.12)	0.595	0.43 (0.13, 1.38)	0.155

Adj., adjusted; AF, atrial fibrillation; CI, confidence interval; CV, cardiovascular; HR, hazard ratio; MI, myocardial infarction; mod., moderate