

Triple or dual antithrombotic management of patients with atrial fibrillation and coronary artery disease? An observational study from Italy, Lithuania and Hungary

Authors:

E. Nagy-Balo¹, A. Vorobcsuk², T. Ivanauskiene³, G. Rackauskas³, E. Grifoni⁴, S. Padayattil-Jose⁵, K.A. Fox⁶, ¹University of Debrecen, Department of Cardiology - Debrecen - Hungary, ²University of Pécs, Heart Institute, Department of Interventional Cardiology - Pécs - Hungary, ³University Hospital Santariskiu Klinikos, Centre of Cardiology and Angiology - Vilnius - Lithuania, ⁴University of Florence, Department of Experimental and Clinical Medicine - Firenze - Italy, ⁵University of Padova, Department of Cardiac Thoracic and Vascular Sciences - Padua - Italy, ⁶University of Edinburgh - Edinburgh - United Kingdom,

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Background: Almost one third of patients with atrial fibrillation (AF) have concomitant coronary artery disease (CAD) with the need of stent implantation (SI). The optimal anticoagulation (AC) and antiplatelet (AP) management for this patient population is under debate and current guidelines are based on limited evidence. This study investigates AC and AP therapies in AF patients with SI in three countries and the relation to thromboembolic (TE) and bleeding complications.

Methods and results: 715 AF patients with SI either for acute coronary syndrome or stable CAD from 5 European centers were included (mean age: 74 (9); male: 64%, elective PCI: 44%, DES:27%). Based on the CHA2DS2-Vasc score 96.3% of patients had an indication for long term AC in addition to AP therapy. However, only 67% of these received triple antithrombotic therapy (TAT). There was no significant difference in the baseline clinical parameters between patients on TAT and those without TAT including age, gender, CHA2DS2-Vasc and HAS-BLED scores. However, patients with paroxysmal AF were less likely to receive TAT than persistent or permanent patients (47%, 68% and 84%, respectively, $p < 0.0001$). There were 32 (3.2%) bleeding complications and 34 (4.7%) TE complications in the whole study population during a mean follow-up of 12.1 (9.6) months. No significant difference was detected in bleeding or TE events (5% vs 3.7%, $p = 0.4$ and 4.6% vs 4.9%, $p = 0.3$ respectively) between patients with and without TAT. Higher all cause mortality rate was observed in patients who did not receive TAT after the SI (9.8% vs 4.1%, $p < 0.0001$).

Conclusions: The choice of anti-platelet, anticoagulant strategy was not determined by CHA2DS2-Vasc or HAS-BLED scores. More than one third of patients did not receive TAT despite guideline indications, and in these patients significantly higher mortality was observed.