

 Arrhythmias and Clinical EP**NUISANCE BLEEDING IN ANTICOAGULATED PATIENTS WITH ATRIAL FIBRILLATION: INSIGHTS FROM THE OUTCOMES REGISTRY FOR BETTER INFORMED TREATMENT OF ATRIAL FIBRILLATION (ORBIT-AF)**

Poster Contributions

Poster Hall, Hall C

Sunday, March 19, 2017, 9:45 a.m.-10:30 a.m.

Session Title: Atrial Fibrillation and VT: Incorporating Novel Risks Toward Decision Making

Abstract Category: 8. Arrhythmias and Clinical EP: Supraventricular/Ventricular Arrhythmias

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Background: Oral anticoagulants (OAC) substantially reduce stroke risk for patients with AF, yet bleeding risk is commonly cited as a reason for stopping OAC. Whether milder bleeding events (“nuisance bleeding”, NB) are associated with major adverse events in AF patients on OAC is not known. We evaluated associations between NB, OAC discontinuation, stroke/systemic embolism (SSE) and major bleeding.

Methods: We analyzed data from the ORBIT-AF study, a national, prospective, outpatient registry of AF patients ≥ 18 years at 176 sites in the U.S. Information on patient characteristics and clinical events was captured via medical record review at study visits; the first recorded NB during followup was used for analysis. NB was defined as documented bleeding that did not require medical attention (e.g. bruising, hemorrhoidal bleeding). Pooled multivariable logistic models with robust variance estimators used time-updated information to evaluate the association between NB and major bleeding and stroke/SSE in the 180 days post-visit. We adjusted for ATRIA bleeding risk score in major bleeding models and for CHA₂DS₂-VASC stroke risk score in stroke models. Our unit of analysis was the patient visit, occurring at approximately 6 month intervals for a median of 2 years following enrollment.

Results: Among 6781 patients (18593 visits), 1,362 (14.9 per 100 person-years) had documented NB. Compared with patients not experiencing NB, those with NB were more likely to be white and to have a history of smoking. Over 95% of patients remained on OAC therapy after the NB event. NB was not associated with increased risk of major bleeding over 6 months in unadjusted models (OR 1.11; 95% CI 0.72-1.70; $p=0.65$) or models adjusting for the ATRIA bleed score (OR 1.04; 95% CI 0.68-1.60; $p=0.86$). NB was also not associated with increased stroke/SEE risk over 6 months in unadjusted models (OR 1.31; 95% CI 0.56-3.04; $p=0.53$) or models adjusting for CHA₂DS₂-VASC risk score (OR 1.24; 95% CI 0.53-2.90; $p=0.62$).

Conclusions: Nuisance bleeding is common among AF patients on OAC. In adjusted models, NB was not an independent prognostic factor for major bleeding or stroke/systemic embolism and should not lead to permanent OAC discontinuation.