

136. Cardiovascular Outcomes and Anticoagulant Treatment at One Year in Middle Eastern Patients With Nonvalvular Atrial Fibrillation: The Jordan Atrial Fibrillation (JoFib) Study

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Body

Background: Contemporary strategies in the prevention of stroke and systemic embolization (SE) in patients with nonvalvular atrial fibrillation (NVAF) have focused on the use of new direct anticoagulant agents (DOACs). There is scarcity of studies that evaluate the use of OACs and cardiovascular outcome and in Middle Eastern patients with NVAF.

Methods: The Jordan AF Study (JoFib) enrolled consecutive out- and in-patients with documented AF evaluated at 18 hospitals and 20 cardiology clinics in Jordan. Follow-up was performed at 1, 6, and 12 months after enrolment. We report the 1-year follow-up data on major adverse cardiovascular events in patients with NVAF.

Results: Overall, 2020 patients were enrolled (mean age 67.9±13.0 years, 54.2% females). There were 1849 (91.5%) patients with NVAF and 171 (8.5%) patients with valvular AF. Of 1409 NVAF patients with high risk (CHA2DS2-VASc score 3 or more in women and 2 or more in men), 1260 (89.4%) were prescribed OACs; DOACs in 64.1% and warfarin in 35.9% of the patients. At 1-year follow-up, 1741 (94.2%) patients had available data for analysis. One-year treatment adherence was 91.1%. Treatment-emergent event rates in patients with NVAF were cardiac mortality 14.4%; stroke/SE 3.9%; major bleeding 2.5%; non-major clinically significant bleeding 5.8%; and hospital readmission for cardiovascular indication 14.2%. On multivariate analysis, independent predictors for all-cause mortality were age >75 years ($p<0.001$), heart failure ($p<0.001$), type 2 diabetes ($p=0.01$), ischemic heart disease ($p=0.02$) and major bleeding ($p=0.02$). OACs treatment and body mass index <25 Kg/m² were independently associated with a lower risk for all-cause death ($p<0.001$ and 0.02 , respectively). Independent predictors of stroke/SE were history of stroke ($p<0.001$), high-risk CHA2DS2-VASc score ($p=0.02$), hypertension ($P=0.05$) and chronic kidney disease ($p=0.02$).

Conclusion: This contemporary Middle Eastern study reported a high rate utilization of, and one-year treatment adherence to OACs in a cohort with NVAF. Treatment with OACs was independently associated with a lower risk of all-cause mortality. Rates of one-year thromboembolic and major bleeding events were comparable to those reported by studies from other regions in the world.

Clinical Implications: realize the importance of the utilization of, and adherence to OACs in patients with NVAF in the Middle East, and their role in preventing thromboembolic events in these patients.