EFFECTIVENESS AND SAFETY OF APIXABAN VERSUS WARFARIN IN OBESE PATIENTS WITH NONVALVULAR ATRIAL FIBRILLATION ENROLLED IN MEDICARE AND VETERAN AFFAIRS

Poster Contributions
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Background: Real-world studies have evaluated the use of anticoagulants in obese patients with nonvalvular atrial fibrillation (NVAF), but they have been limited by sample size or use of diagnosis codes to define obesity.

Methods: This retrospective study used body weight data ≥100kg or body mass index (BMI) ≥30 to identify NVAF patients with obesity among dually enrolled Veterans Affairs (VA) and fee-for-service (FFS) Medicare patients. It evaluated risk of stroke/systemic embolism (SE) and major bleeding (MB) among elderly (≥65years) NVAF patients that initiated apixaban vs warfarin from 01JULY2013-31DEC2017. Stabilized inverse probability treatment weighting (IPTW) was used to balance baseline characteristics between patients prescribed apixaban and warfarin. Cox models were used to evaluate the relative risk of stroke/SE and MB.

Results: Overall, 37.7% (n=107,383) of the NVAF population had obesity, of whom, 5.7% (n= 6,112) were morbidly obese (BMI >40, or body weight >120kg in patients without a BMI value); 13,604 apixaban and 12,918 warfarin patients were included. After IPTW, patient characteristics were balanced. The mean age was 75 years, mean CHA2DS2-VASc score was 3.8, mean HAS-BLED score was ~2.6, and more than 99% of patients were males. Apixaban patients were associated with a similar risk of stroke and significantly lower risk of MB vs warfarin (Figure).

Conclusion: Among obese NVAF patients, apixaban showed a differentiated safety profile versus warfarin.