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Apixaban in elderly patients with atrial fibrillation and renal dysfunction: findings from a national registry

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Background: We aimed to evaluate the clinical characteristics and outcomes of patients 75 years and older with atrial fibrillation (AF) and renal dysfunction who are treated with apixaban.

Methods: A sub analysis of a multicenter prospective cohort registry, where consecutive eligible apixaban or warfarin treated patients with non-valvular AF and renal impairment (eGFR MDRD < 60 ml/min/BSA) were registered. All patients were prospectively followed-up for clinical events and dosing adjustments over a mean period of 1 year. The current sub analysis focused on the subjects aged ≥ 75 years. The primary outcomes were 1 year: mortality, stroke or systemic embolism, major bleeding and myocardial infarction as well as their composite occurrence.

Results: In the subjects 75 years or older with renal impairment (n = 1460), the use of apixaban 5 mg was associated with improved 1-year survival rate (7.1% compared to 16.5% in the apixaban 2.5 mg group and 18.4% in the warfarin group; log rank $p < 0.001$).

Also, 5 mg apixaban showed lower risk of 1-year composite endpoint compared to apixaban 2.5 mg and warfarin (9.2% vs. 19.6% and 20.6%, respectively; log rank $p < 0.001$). Further analysis on 1:1 matched data revealed a distinct advantage of efficacy to apixaban 2.5 mg appropriate dose reduction vs. warfarin. Never the less, similar safety profiles were observed.

Conclusion: Appropriate dose apixaban is a considerable alternative to warfarin in older adults with concurrent renal impairment for stroke prevention in the setting of AF.

Key Words: Atrial Fibrillation; Apixaban; Warfarin; older adults; Stroke

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