



# Effectiveness and safety of direct oral anticoagulation vs. warfarin in frail patients with atrial fibrillation

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# Atrial fibrillation

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- Rate control
- Rhythm control
- Anticoagulant: **Warfarin OR DOACs**

# Warfarin vs DOACs

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- Warfarin
- DOACs Standard dose:
  - Apixaban 5mg BD
  - Rivaroxaban 20mg daily
  - Dabigatran 150mg BD
  - Edoxaban 60mg daily
- DOACs Reduced dose:
  - Apixaban 2.5mg BD
  - Rivaroxaban 15mg daily
  - Dabigatran 110mg BD
  - Edoxaban 30mg daily

# CHA<sub>2</sub>DS<sub>2</sub>-VASc & HAS-BLED score

Table 1: Stroke and bleeding risk stratification with the CHA<sub>2</sub>DS<sub>2</sub>-VASc and HAS-BLED schemas

CHA <sub>2</sub> DS <sub>2</sub> -VASc	Score	HAS-BLED	Score
<u>C</u> ongestive heart failure/LV dysfunction	1	Hypertension i.e. uncontrolled BP	1
<u>H</u> ypertension	1	Abnormal renal/liver function	1 or 2
<u>A</u> ged ≥75 years	2	Stroke	1
<u>D</u> iabetes mellitus	1	Bleeding tendency or predisposition	1
<u>S</u> troke/TIA/TE	2	Labile INR	1
<u>V</u> ascular disease [prior MI, PAD, or aortic plaque]	1	Age (e.g. >65)	1
<u>A</u> ged 65-74 years	1	Drugs (e.g. concomitant aspirin or NSAIDs) or alcohol	1
<u>S</u> ex category [i.e. female gender]	1		
<b>Maximum score</b>	<b>9</b>		<b>9</b>

# Flowchart of study population

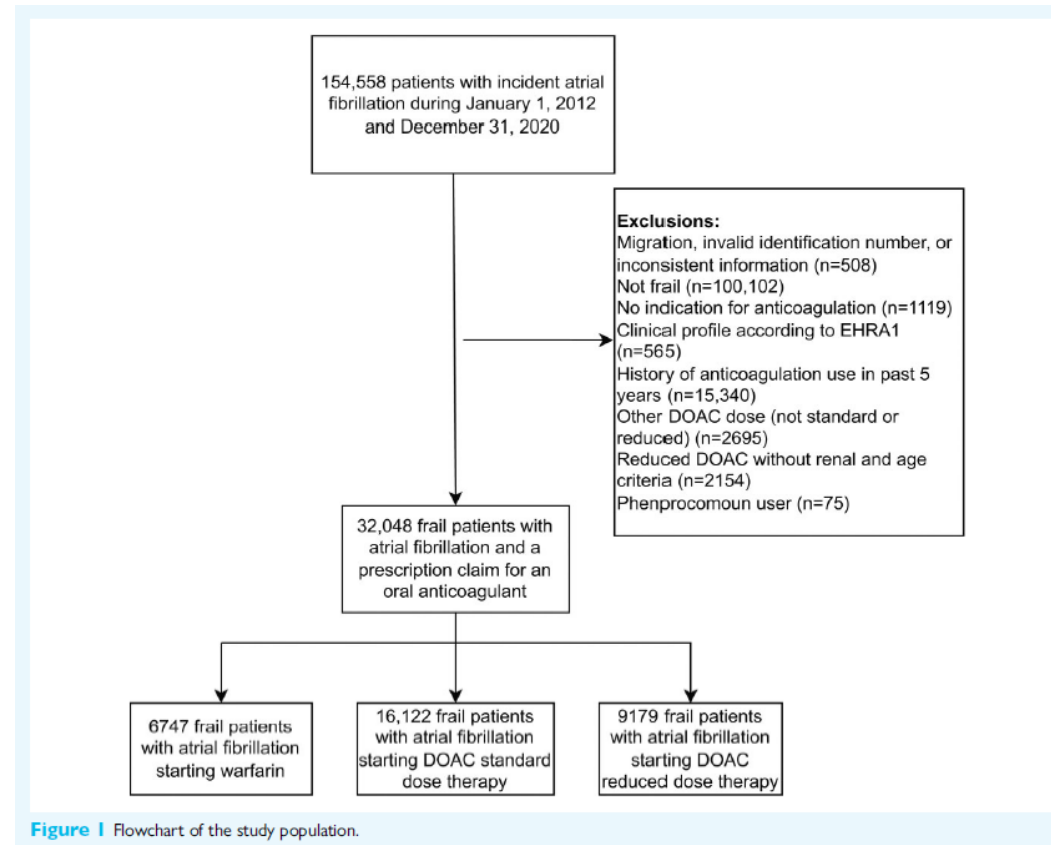
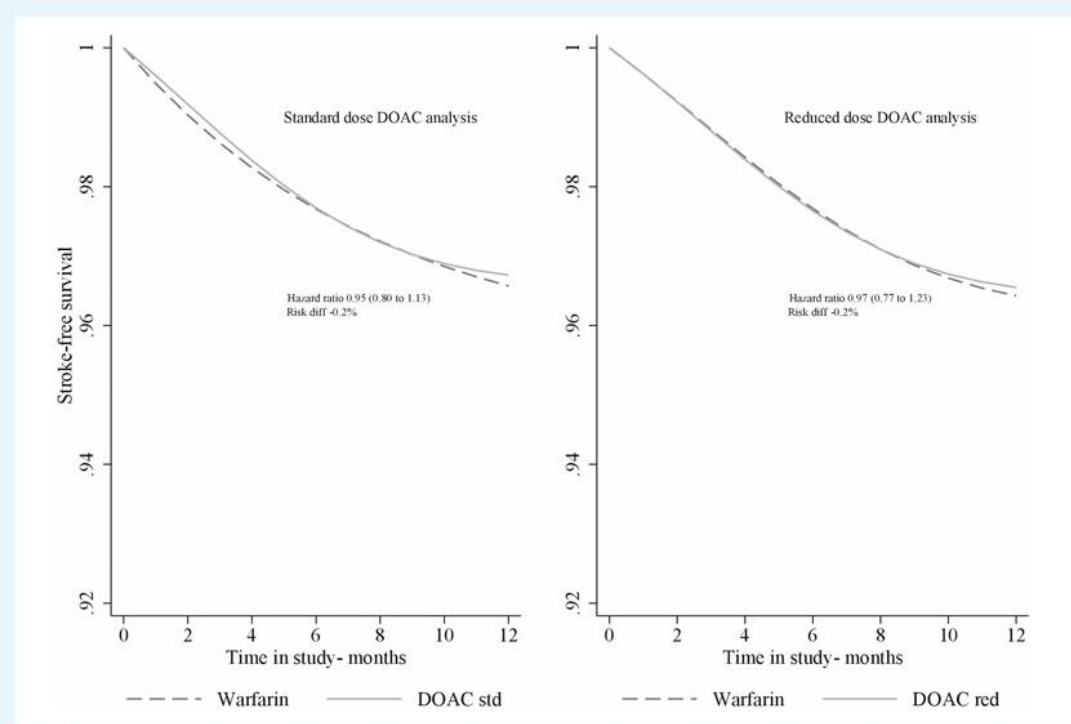
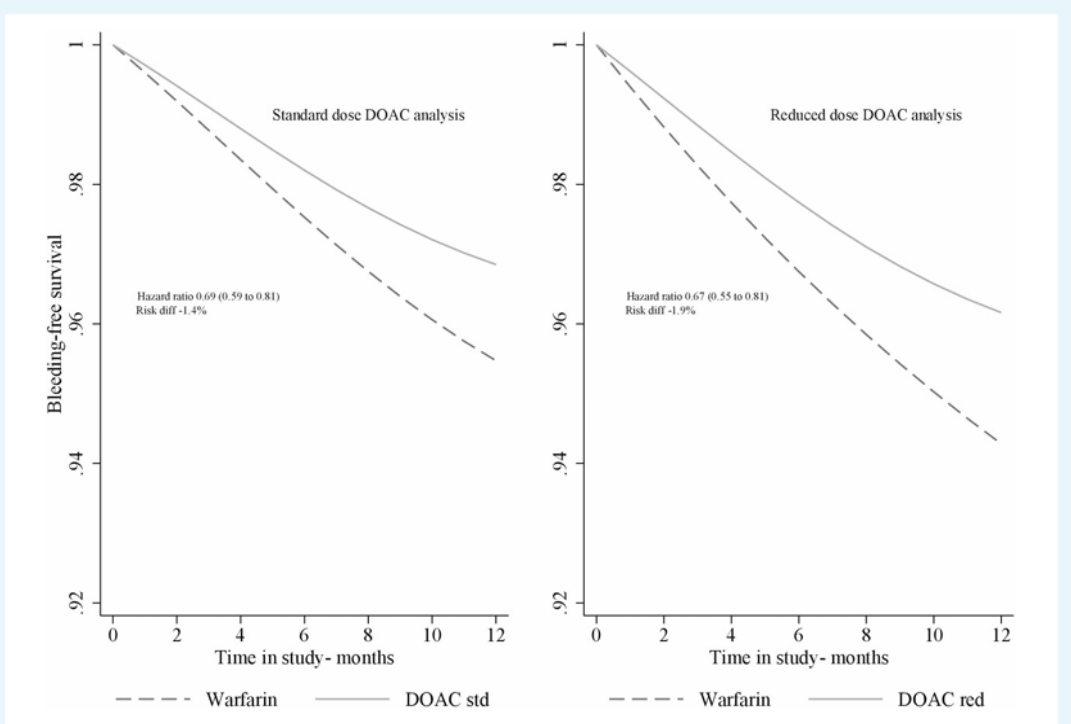


Figure 1 Flowchart of the study population.

# Conclusion



**Figure 2** Standardized event-free survival curves for thromboembolic events by anticoagulant treatment regimen in frail patients with atrial fibrillation comparing DOAC vs. warfarin. Std, standard; Red, reduced; DOAC, direct oral anticoagulant; Diff, difference.



**Figure 3** Standardized event-free survival curves of bleeding outcome by anticoagulant treatment regimen in frail patients with atrial fibrillation comparing DOAC vs. warfarin. Std, standard; Red, reduced; DOAC, direct oral anticoagulant; Diff, difference.

# Conclusion

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	<b>Warfarin</b>	<b>NOACs</b>
Onset of action	Slow	Rapid
Dosing	Variable	Fixed
Food interactions	Yes	No
Drug interactions	Many	Few
Routine laboratory monitoring	Yes	No
Duration of blood-thinning effect	Long	Short
Reversal agent available	Yes	No
Cost	\$	\$\$\$

Thanks for your attention

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