



OCTOBER 10-13, 2019 | CHICAGO, IL

## 2019 SCIENTIFIC POSTER SESSION

### P014

## Effectiveness and Safety of Apixaban, Dabigatran and Rivaroxaban versus Warfarin in Obese Patients with Nonvalvular Atrial Fibrillation: ARISTOPHANES Subgroup Analysis

Friday, October 11, 2019, 10:15 – 11:15 AM, 2:25 - 3:25 PM

Saturday, October 12, 2019, 10:00 – 11:00 AM, 2:15 - 3:15 PM

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### Purpose

The prevalence of obesity in nonvalvular atrial fibrillation (NVAf) patients is apparent in trials and real-world studies; however, there is limited data on the effectiveness and safety of anticoagulation specific to this population. This study evaluated stroke/systemic embolism (SE) and major bleeding (MB) among obese NVAf patients using non-VKA oral anticoagulants (NOACs) vs warfarin in the ARISTOPHANES (Anticoagulants for Reduction In STroke: Observational Pooled analysis on Health outcomes AND Experience of patientS) study population.

### Methods

A retrospective study of obese (identified using diagnosis codes) NVAf patients initiating apixaban, dabigatran, rivaroxaban, or warfarin from 01JAN2013-30SEP2015 was conducted pooling CMS Medicare data and 4 US commercial claims databases, covering >180 million beneficiaries annually (~56% of the US population). Propensity score matching (PSM) was used to balance baseline characteristics between patients prescribed each NOAC and warfarin. Cox models were used to evaluate the relative risk of stroke/SE and MB.

### Results

PSM pairs had 6-8 months of follow-up. Apixaban had lower rates of MB while dabigatran and rivaroxaban had similar rates of MB vs warfarin. All NOACs showed similar rates of stroke/SE vs warfarin.

### Conclusions

Among obese NVAf patients, all NOACs had similar stroke/SE rates vs warfarin; MB rate was lower for apixaban and not significantly different for dabigatran or rivaroxaban vs warfarin.



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