INTRODUCTION
Atrial fibrillation (AF) is the most common heart dysrhythmia diagnosed in the United States.1 AF patients have a five-fold increase in stroke risk compared to non-AF patients.2 Small sample sizes obtained among total AF patients (N=35).330 has been linked with hypofibrinolysis, inflammation, and a prothrombotic state, bolstering the thromboembolic effects of AF.3

METHODS
This was an observational retrospective cohort analysis using de-identified patient data from CMS Medicare data and four US commercial claims databases (Optum, PharMetrics, Humana, and MarketScan), covering >180 million beneficiaries annually (~56% of the US population).

OBJECTIVES
The primary end points of the study were: (1) the risk of stroke/systemic embolism (SE) among patients with nonvalvular AF and (2) the risk of major bleeding for patients with nonvalvular AF treated with NOACs (apixaban, dabigatran, and rivaroxaban) compared to warfarin at the time of initiation of NOACs.

RESULTS

Baseline Characteristics of Propensity Score-Matched Obese Patients Prescrited NOACs vs Warfarin

<table>
<thead>
<tr>
<th>NOAC</th>
<th>Reference</th>
<th>Hazard Ratio (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apixaban</td>
<td>Warfarin</td>
<td>1.00 (0.89-1.11)</td>
</tr>
<tr>
<td>Dabigatran</td>
<td>Warfarin</td>
<td>0.84 (0.70-1.03)</td>
</tr>
<tr>
<td>Rivaroxaban</td>
<td>Warfarin</td>
<td>0.90 (0.76-1.06)</td>
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</tbody>
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The mean ages were 71, 69, and 71 years for the apixaban-warfarin, dabigatran-warfarin, and rivaroxaban-warfarin cohort pairs, respectively. The baseline characteristics were balanced between cohorts.

The small sample size obtained among total AF patients (N=35).

CONCLUSIONS
Although some of the database cohort data from different insurance plans without prior level overlap, others are employee-based claims datasets that may have duplicate patient records when pooled, but these are pooled and enrolled in 13,513, there are likely few duplicate records to significantly affect outcomes.

REFERENCES