

Antithrombotic treatment of patients with atrial fibrillation and acute coronary syndrome: Results from the AFibACS Registry (as part of the Berlin Myocardial Infarction Registry)

Authors: S. Behrens, C. Hegenbarth, B. Maier, E. Braun, H. Schulz, R. Schoeller, H. Schühlen, H. Theres

Background: Guidelines for the management of atrial fibrillation (AF) recommend strategies for the treatment of patients with AF and acute coronary syndrome (ACS) and define who should receive triple therapy (VKA, ASA, and Clopidogrel). Our study aims to show how guidelines are implemented in Berlin, which complications occur, and whether new antithrombotic drugs are being used in everyday practice.

Method: A total of 795 patients with all types of AF (first diagnosed, paroxysmal, persistent, long-standing persistent, permanent) and ACS were included between 1 April 2008 and 30 June 2011. The CHA₂DS₂-VASc score and data on the HAS-BLED score, as well as on hospital treatment and outcome were collected for each patient.

Results: In 510 (out of 795) patients, a stent was implanted (n=179 DES / n=331 BMS), 62 received a PTCA, and 223 experienced no intervention. Patients treated without stent (n=285) were older (79.5 vs. 74.6 years, p<0.001), were more often women (48.8% vs. 36.3%, p=0.001), and suffered from previous stroke more often (19.3% versus 14.1%, p=0.056).

According to the guidelines, patients with a HAS-BLED score ≥ 3 should be treated with a BMS stent. This was the case in 63.3% in our study.

A total of 7.5 % of interventionally treated patients (with stent) died in the hospital, compared to 21.8 % not treated with a stent (p<0.001).

Table: Antithrombotic and anticoagulative treatment at discharge according to CHA₂DS₂-VASc score for patients discharged (n=648)

Tx at discharge (n=648)	Triple (%)	ASA + Clopidogrel (%)	ASA (%)	ASA or Clopidogrel + VKA (%)	Other comb. <2% (%)
CHA ₂ DS ₂ -VASc = 1 (n=7)	1 (14.3%)	6 (85.7%)	-	-	-
CHA ₂ DS ₂ -VASc = 2-4 (n=271)	87 (32.1%)	137 (50.6%)	20 (7.4%)	21 (7.7%)	6 (2.2%)
CHA ₂ DS ₂ -VASc = 5-7 (n=353)	115 (32.6%)	180 (51.0%)	17 (4.8)	32 (9.1%)	9 (2.5%)
CHA ₂ DS ₂ -VASc = 8-9 (n=17)	10 (58.8%)	5 (29.4%)	-	2 (11.8%)	-

Conclusion:

1. ACS patients with AF and a HAS-BLED-Score ≥ 3 received BMS more often than DES. However, approximately one-third of patients received DES.
2. In ACS patients with AF, pharmacological antithrombotic treatment was focussed primarily for ACS; VKA for stroke prevention was administered less often.
3. Further data analyses will show whether guidelines are implemented more often in everyday treatment of ACS patients with AF.