The American Journal of Cardiology

Usefulness of Antithrombotic Therapy in Patients With Atrial Fibrillation and Acute Myocardial Infarction

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American Journal of Cardiology
Volume 123, Issue 1, Pages 12-18 (January 2019)
DOI: 10.1016/j.amjcard.2018.09.031

Table 1

Patterns of pre-admission and discharge antithrombotic treatment among patients with previous atrial fibrillation (CHA_2DS_2-VASc ≥ 2) and coronary artery disease admitted for acute myocardial infarction categorized by treatment type

	Preadmission	Discharge	Discharge among patients who underwent PCI
	(N = 15,034)	(N = 15,034)	(N = 7,917)
No therapy	1732 (12%)	70 (1%)	3 (0.04%)
Monotherapy			
Aspirin only	4260 (28%)	1576 (11%)	81 (1%)
$P2Y_{12}$ inhibitors only	584 (4%)	89 (1%)	41 (1%)
Anticoagulant only	1576 (11%)	168 (1%)	13 (0.2%)
Dual therapy			
Aspirin + $P2Y_{12}$ inhibitors	3067 (20%)	7123 (47%)	4831 (61%)
Aspirin + anticoagulant	2615 (17%)	2325 (16%)	129 (2%)
$P2Y_{12}$ inhibitors + anticoagulant	387 (3%)	219 (2%)	98 (1%)
Triple therapy	813 (5%)	3464 (23%)	2721 (34%)
Any therapy			
Any aspirin	10755 (72%)	14488 (96%)	7762 (98%)
Any $P2Y_{12}$ inhibitors	4851 (32%)	10895 (73%)	7691 (97%)
Any anticoagulant	5391 (36%)	6176 (41%)	2961 (37%)

Data are number (%).

CHA_2DS_2-VASc = Congestive heart failure; Hypertension; Age ≥ 75 years; Diabetes mellitus; prior Stroke or TIA or thromboembolism; Vascular disease; Age 65-74 years; Sex category; PCI=percutaneous coronary intervention.

American Journal of Cardiology 2019 123, 12-18DOI: (10.1016/j.amjcard.2018.09.031)

Table 2
Patterns of preadmission and discharge antithrombotic treatment among patients with previous atrial fibrillation (CHA_2DS_2-VASc ≥ 2) and coronary artery disease admitted for acute myocardial infarction categorized by drug type

	Preadmission antithrombotic treatment	Discharge antithrombotic treatment	Discharge among patients who underwent PCI
	(N = 15,034)	(N = 15,034)	(N = 7917)
Anticoagulants	5391 (36%)	6176 (41%)	2961 (37%)
Warfarin	4012 (74%)	4536 (73%)	2139 (72%)
Dabigatran	232 (4%)	224 (4%)	127 (4%)
Rivaroxaban	555 (10%)	560 (9%)	276 (9%)
Apixaban	592 (11%)	856 (14%)	419 (14%)
$P2Y_{12}$ inhibitors	4851(32%)	10,895 (73%)	7691 (97%)
Clopidogrel	4371 (90%)	8775 (81%)	5818 (76%)
Ticagrelor	228 (5%)	1402 (13%)	1253 (16%)
Prasugrel	252 (5%)	718 (7%)	620 (8%)

Data are number (%).
CHA_2DS_2-VASc = Congestive heart failure; Hypertension; Age ≥ 75 years; Diabetes mellitus; prior Stroke or TIA or thromboembolism; Vascular disease; Age 65-74 years; Sex category; PCI=percutaneous coronary intervention.

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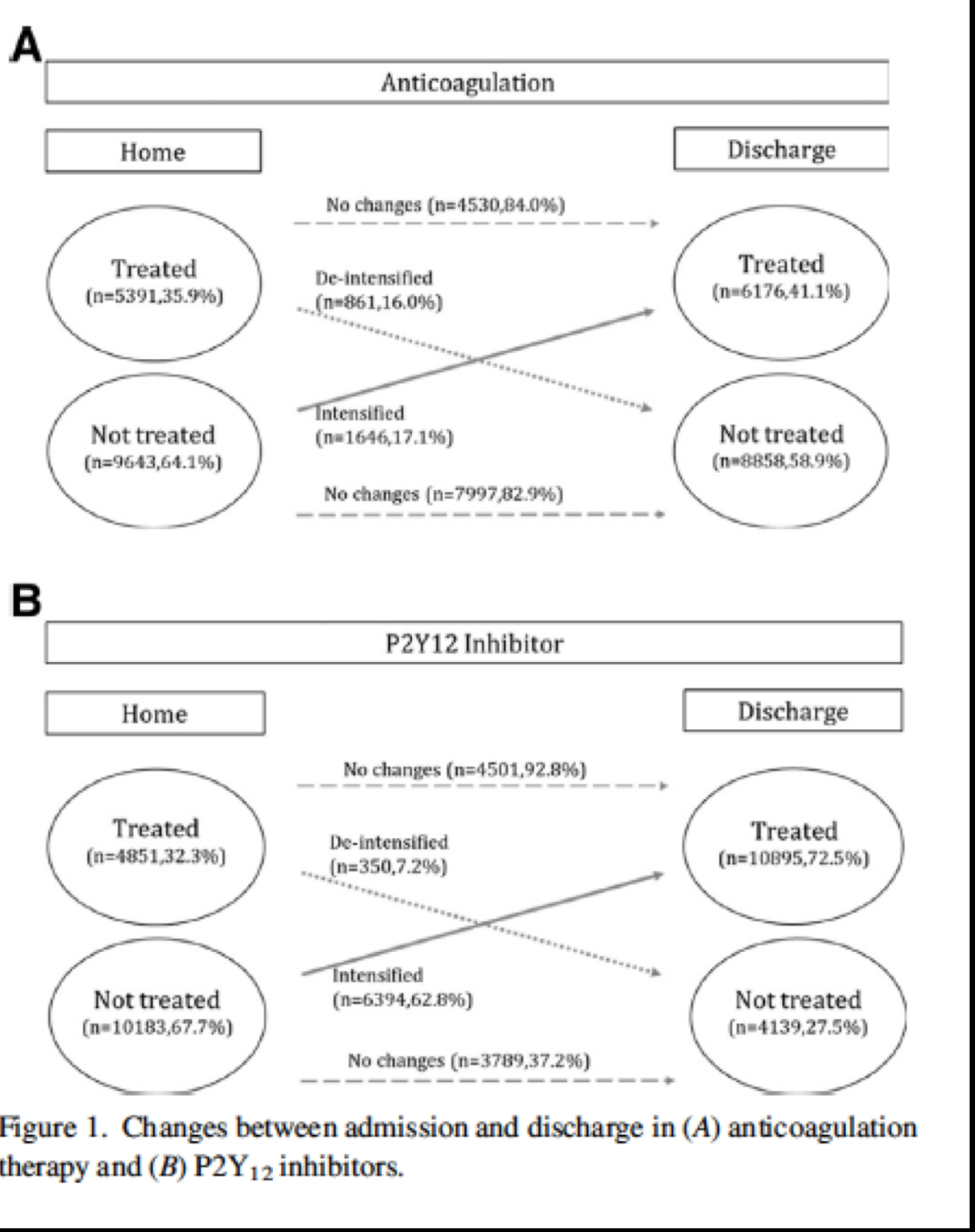

Figure 1. Changes between admission and discharge in (*A*) anticoagulation therapy and (*B*) $P2Y_{12}$ inhibitors.

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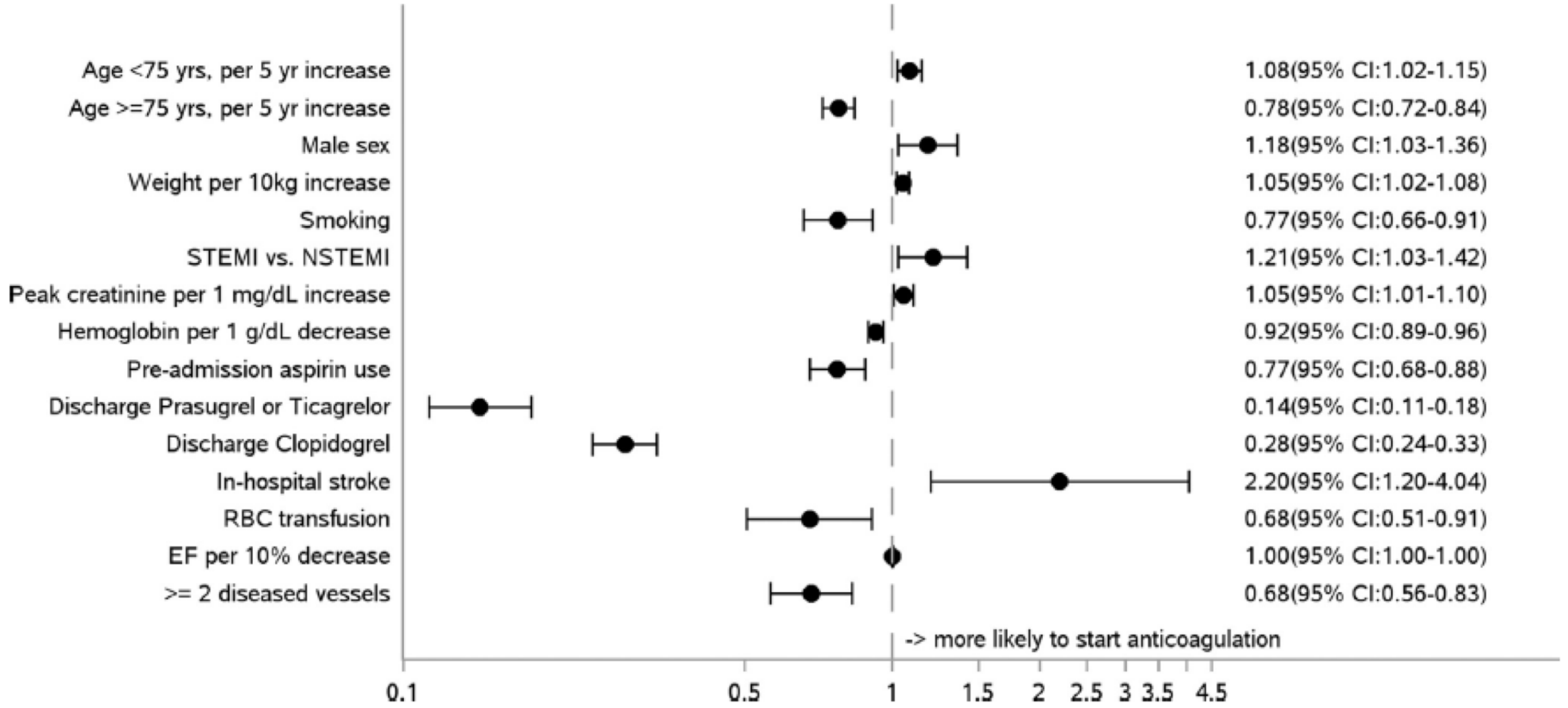

Figure 2. Association between clinical characteristics and starting anticoagulation at admission in the multivariable model. CABG = coronary artery bypass grafting; CI = confidence interval; EF = ejection fraction; NSTEMI = non–ST-segment elevation myocardial infarction; RBC = red blood cell; PCI = percutaneous coronary intervention; STEMI = ST-segment elevation myocardial infarction.

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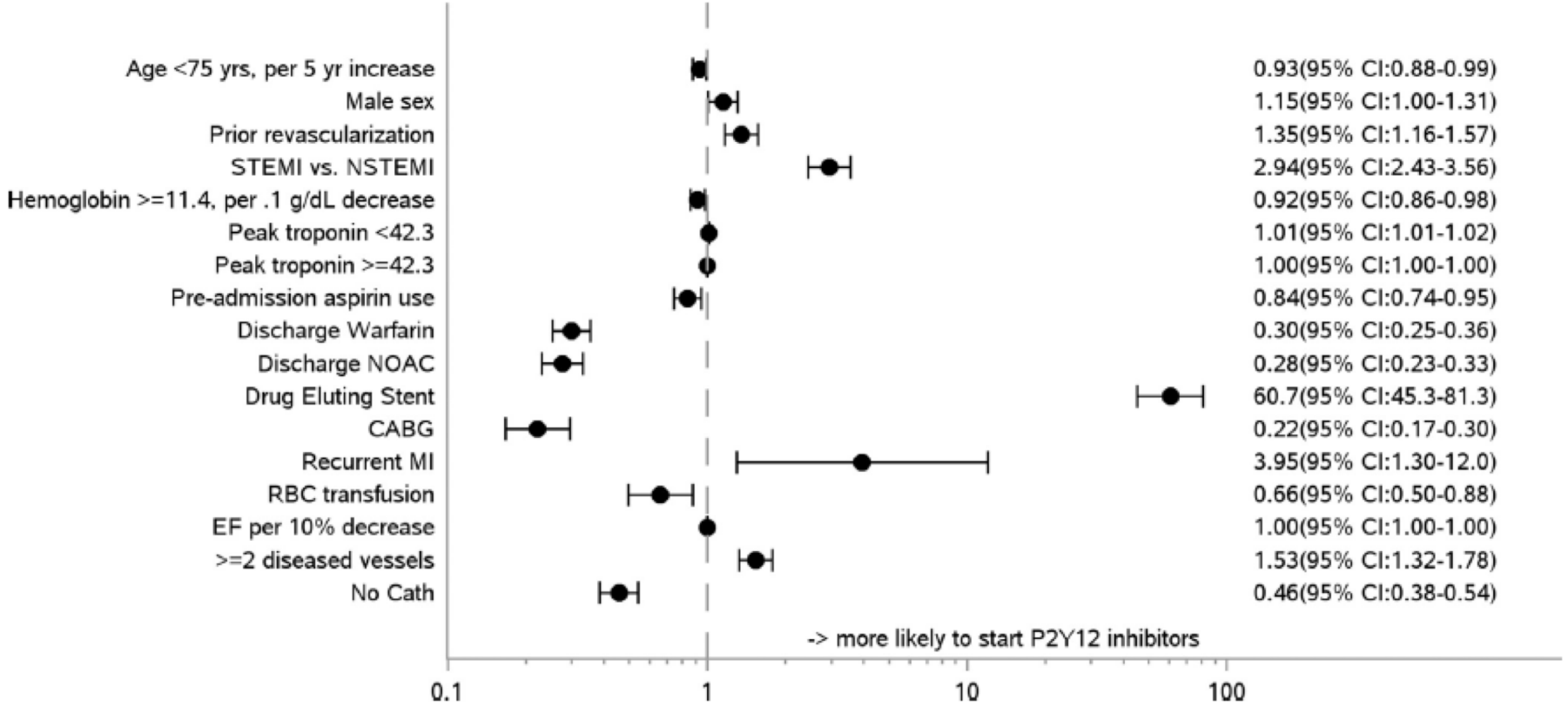

Figure 3. Association between clinical characteristics and starting $P2Y_{12}$ inhibitors at admission in the multivariable model. CABG = coronary artery bypass grafting; CI = confidence interval; EF = ejection fraction; MI = myocardial infarction; NOAC = non-vitamin K antagonists oral anticoagulants; NSTEMI = non–ST-segment elevation myocardial infarction; PCI = percutaneous coronary intervention; RBC = red blood cell; STEMI = ST-segment elevation myocardial infarction.

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