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### MEETING ABSTRACT

#### A2.41

##### Anticoagulative therapy for high-risk patients with atrial fibrillation: risk stratification and monitoring

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**Background:** Atrial fibrillation (AF) is the most common arrhythmia that increases by age, doubles for every decade after age of 50 years and reaches about 10% of patients ≥80 years [1]. Despite direct oral anticoagulants' (DOACs) predictable pharmacokinetics and pharmacodynamics, laboratory tests are necessary for effective and safe medical treatment, also for prediction and detection of thrombotic and bleeding events, as well as in situations when temporary discontinuation could be desirable [2].

**Objectives:** Identify and analyze the need of coagulation tests for AF patients with high cardiovascular risk in clinical practice.

**Methods:** Quantitative, analytic, cross-sectional clinical trial, during the period from October 2016 till June 2017, was performed at Center of Cardiology, Pauls Stradiņš Clinical University Hospital, Latvia. Data were collected from patients with non-valvular AF, under anticoagulative therapy ≥3 months, defined as a high-risk group by CHA<sub>2</sub>DS<sub>2</sub>-VASc score (more or equal to 2 or 3), men and women respectively. Data were analyzed using SPSS.

**Results:** Data were collected from 143 patients of whom 46.2% ( $n = 66$ ) were male; the mean age was 69.7 (SD ± 9.9) years. About 2/3 (73.1%) of all patients the AF were longer than 1 year. The mean CHA<sub>2</sub>DS<sub>2</sub>-VASc score was 4.2 (SD ± 1.5). The most common comorbidities were arterial hypertension (65.0%; 93), chronic heart failure (48.3%; 69), coronary artery disease (32.9%; 47), diabetes mellitus (24.5%; 35), and dyslipidemia (25.9%; 37). Almost half of patients (46.2%; 66) used DOACs, 31.5% rivaroxaban and 14.7% dabigatran, respectively; furthermore, 1.4% patients used DOACs with anti-aggregants. 49.7% (71) patients had increased risk of possible drug–drug interactions, most frequently with proton-pump inhibitors (16.8%; 24), amiodarone (24.5%; 35), anti-inflammatory drugs (49.0%; 70). The use of DOACs and possible drug–drug interactions increases by risk score, reaching the maximum score 3 (16.1%; 23) and the mean frequent score 4.4 of 86 (60.1%) AF patients, respectively.

**Conclusions:** DOACs usage correlates with CHA<sub>2</sub>DS<sub>2</sub>-VASc score with mean frequent score 4.4 of 86 (60.1%) AF patients, respectively. From all high-risk AF patients, 47.7% had potentially moderate or major risk of drug–drug interactions. For 60.1% of AF patients the monitoring of anticoagulative therapy should be considered.

**Keywords:** atrial fibrillation – CHA<sub>2</sub>DS<sub>2</sub>-VASc risk score – DOACs – drug monitoring – laboratory tests

#### References

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