NOACs in AF
Patients with Multiple Comorbidities

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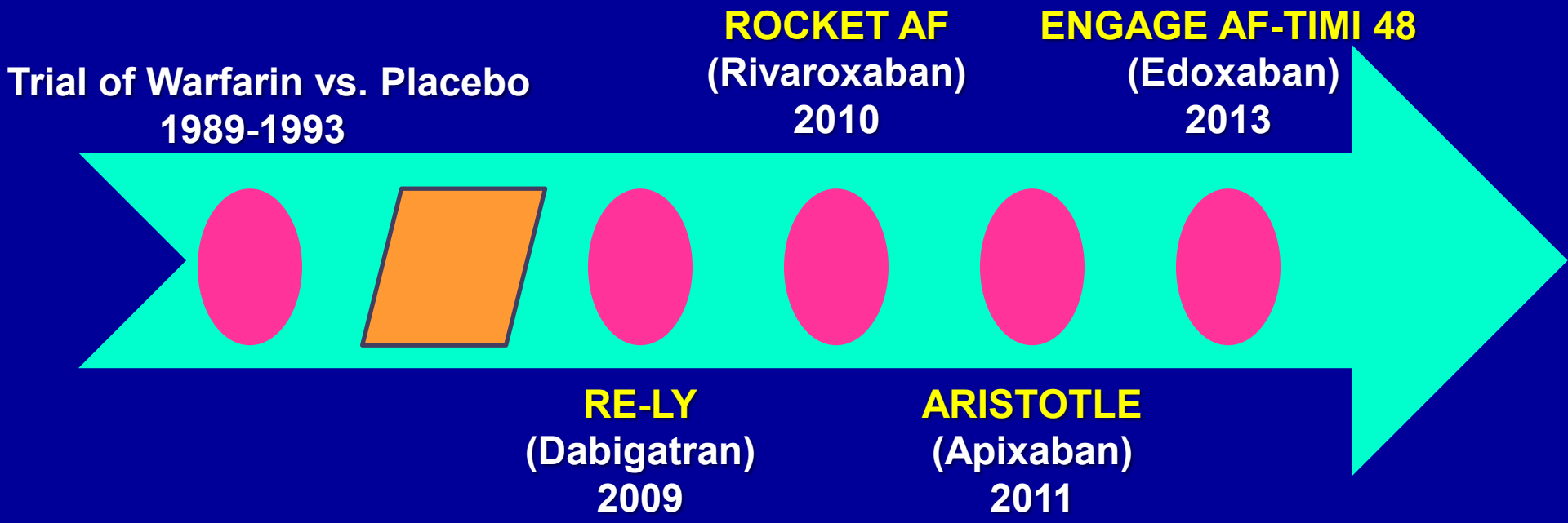
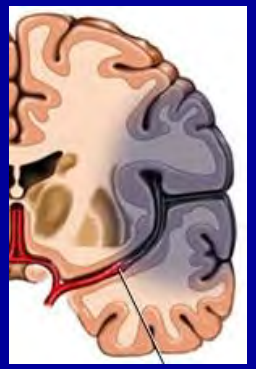
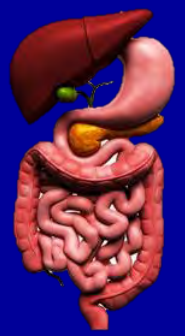
Pivotal Warfarin-Controlled Trials Stroke Prevention in AF

Warfarin vs. Placebo
2,900 Patients

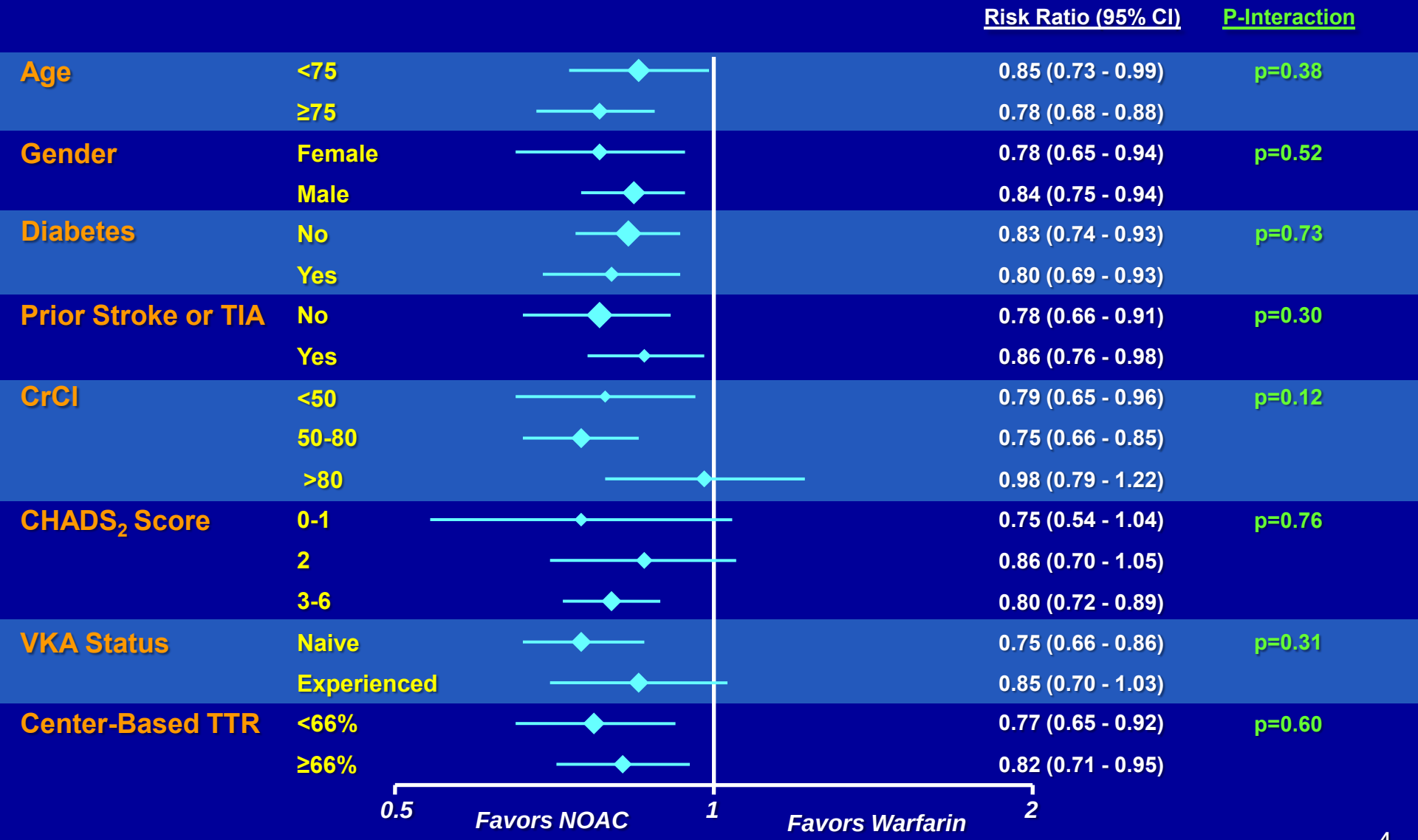
NOACs vs. Warfarin
71,683 Patients



NOACs vs. Warfarin

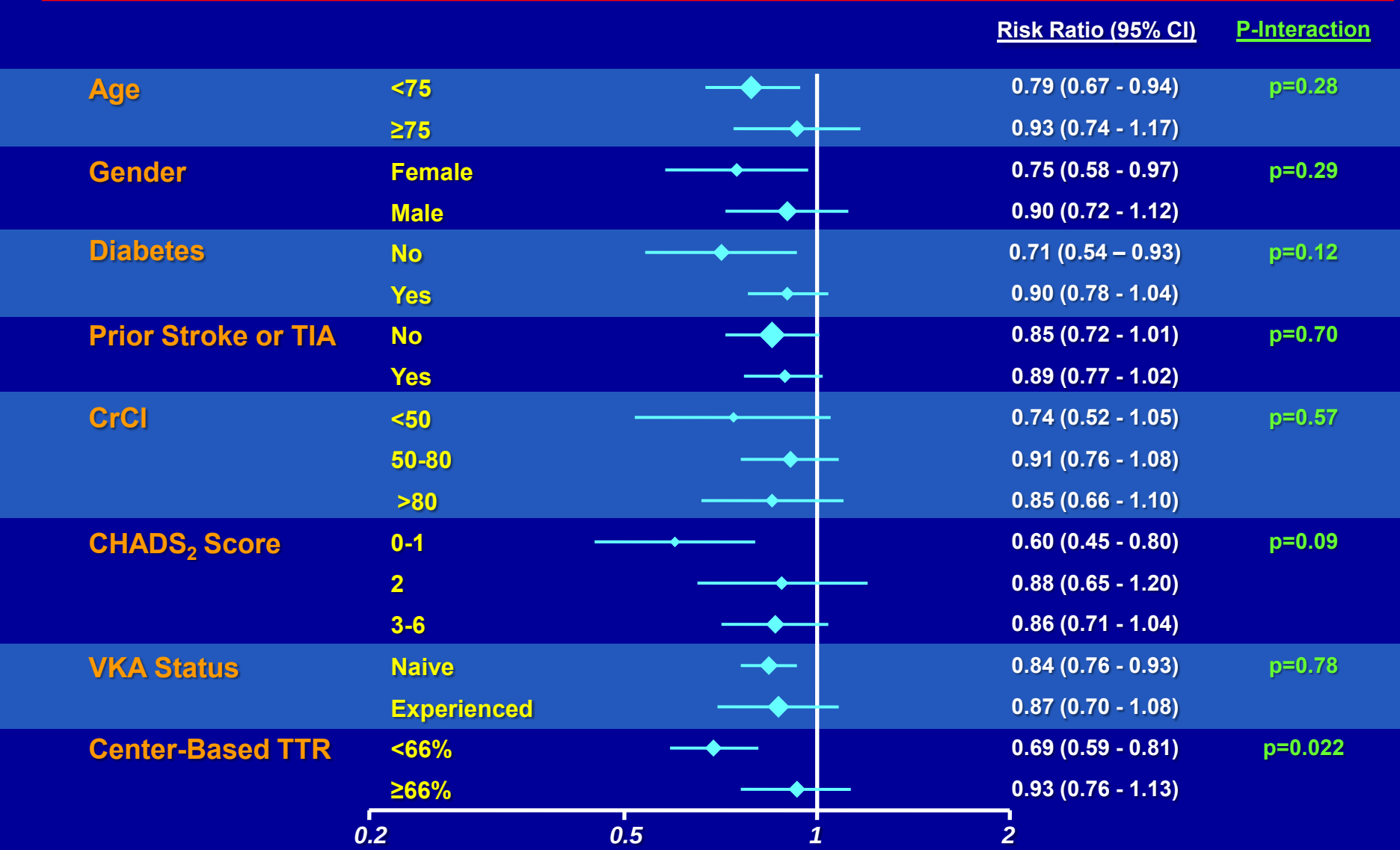
Ischemic	Hemorrhagic	Major Bleeding	
			
Stroke			
Similar	50% ⬇	14% ⬇	25% ⬆

Subgroups: Stroke or SEE



Ruff CT, et al. Lancet 2014;383:955-962

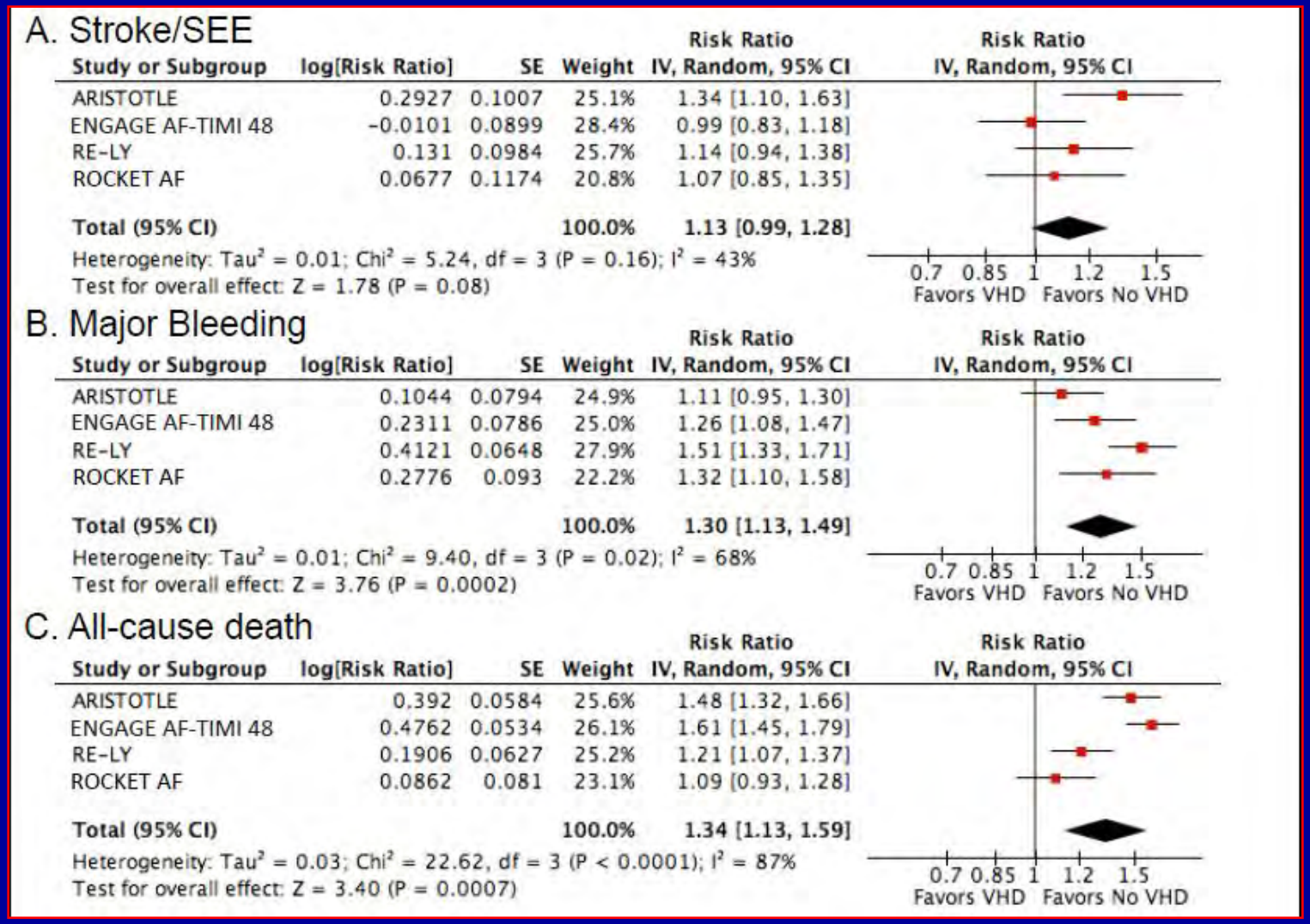
Subgroups: Major Bleeding



Ruff CT, et al. Lancet 2014;383:955-962

Valvular Heart Disease

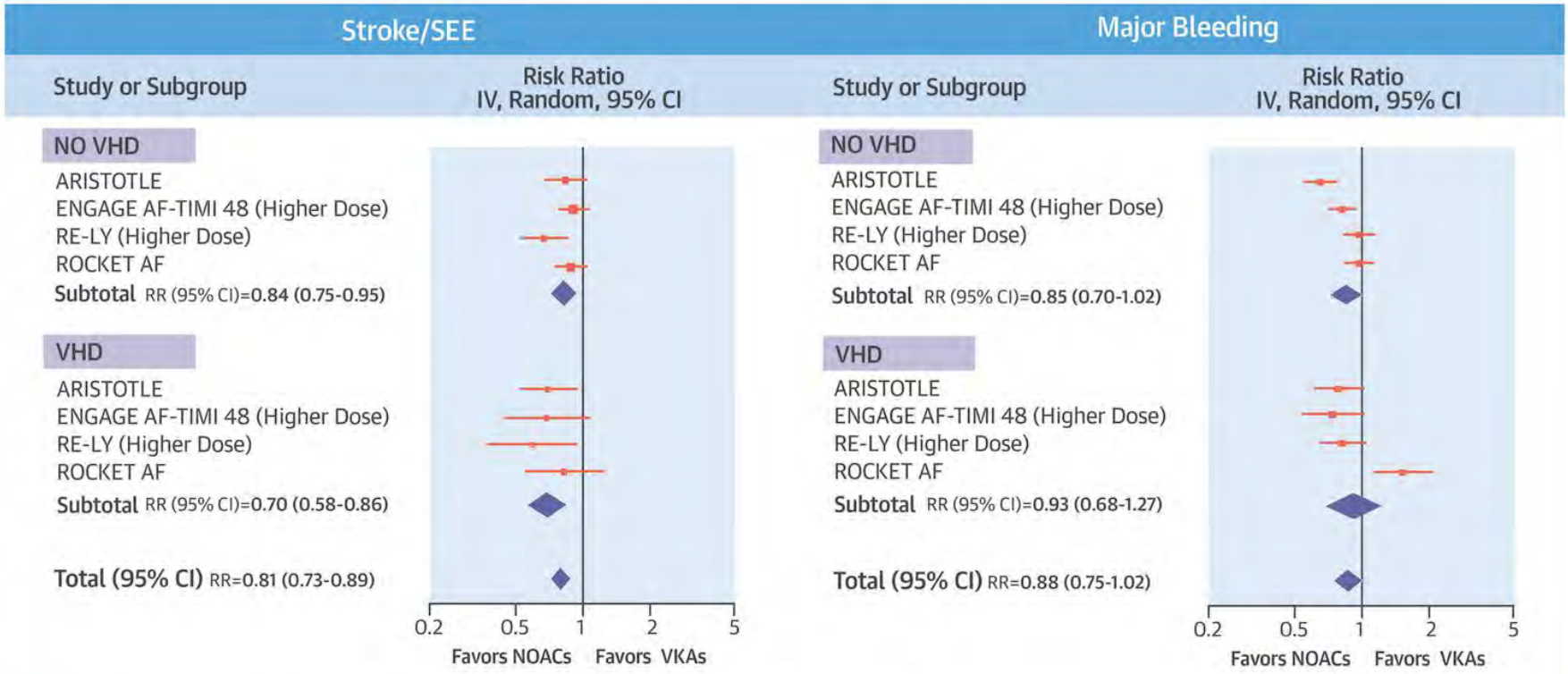
Patients with VHD: Older, More Sustained AF, Higher Prevalence of HF & CAD, Higher $CHADS_2$



Renda G, et al. J Am Coll Cardiol 2017;69(11):1363-1371

Valvular Heart Disease NOACs vs. Warfarin

CENTRAL ILLUSTRATION: SSEE and Major Bleeding in Patients Without and With VHD, Treated With Higher-Dose NOACs or Warfarin

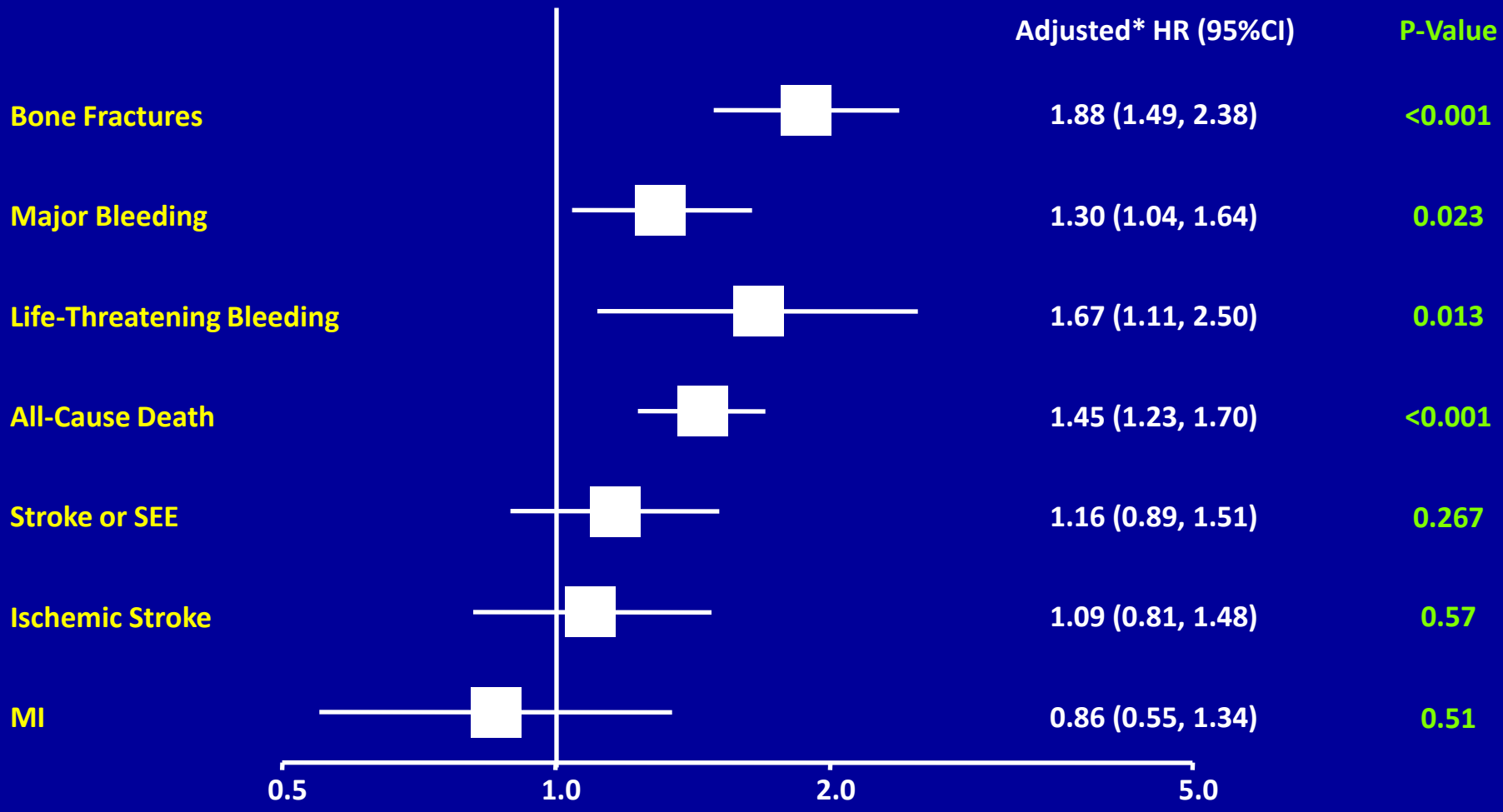


Renda, G. et al. J Am Coll Cardiol. 2017;69(11):1363-71.

Renda G, et al. J Am Coll Cardiol 2017;69(11):1363-1371

AF and Fall Risk

Patients at Fall Risk: Older, Female, Higher Prevalence of CAD, DM, insufficiency, Higher CHA_2DS_2-VASc

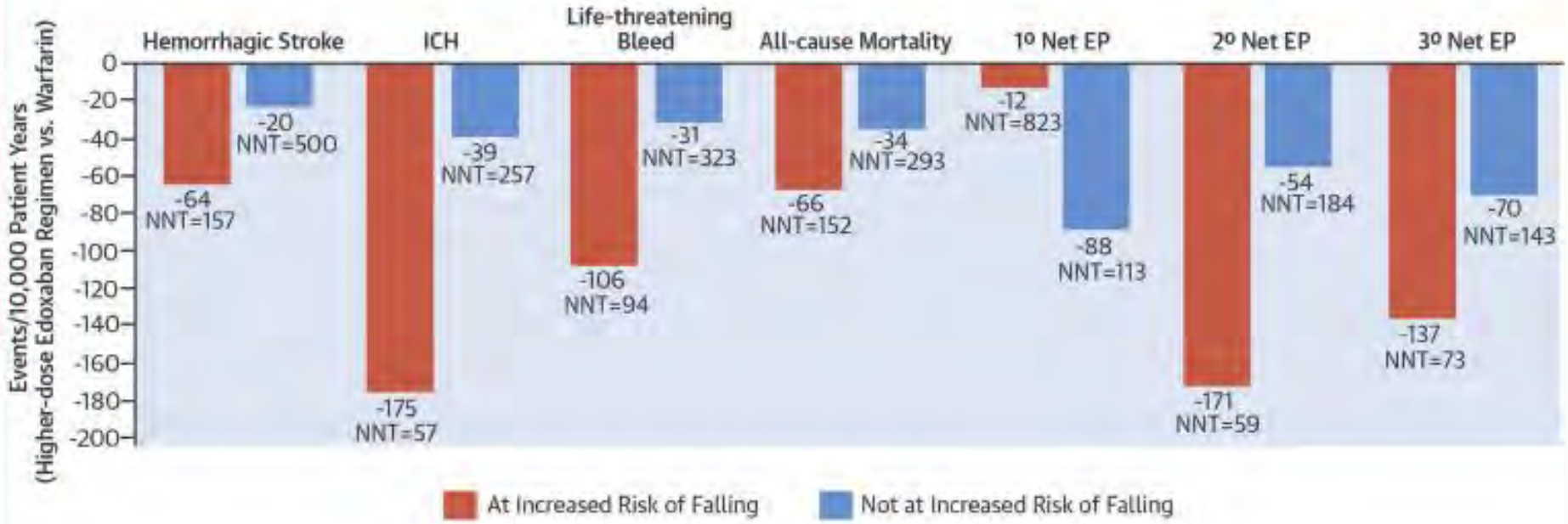


**Adjusted for age, gender, weight, AF type, VKA naïve, prior stroke/TIA, HTN, CAD, CHF, diabetes, CrCl*

Steffel J, et al. J Am Coll Cardiol. 2016; 68(11):1169-1178

Benefit of NOACs in Patients at Risk of Falls

CENTRAL ILLUSTRATION: Absolute Risk Reduction of Higher Dose Edoxaban Regimen Compared With Warfarin in Patients at Increased Fall Risk Versus Not at Increased Fall Risk



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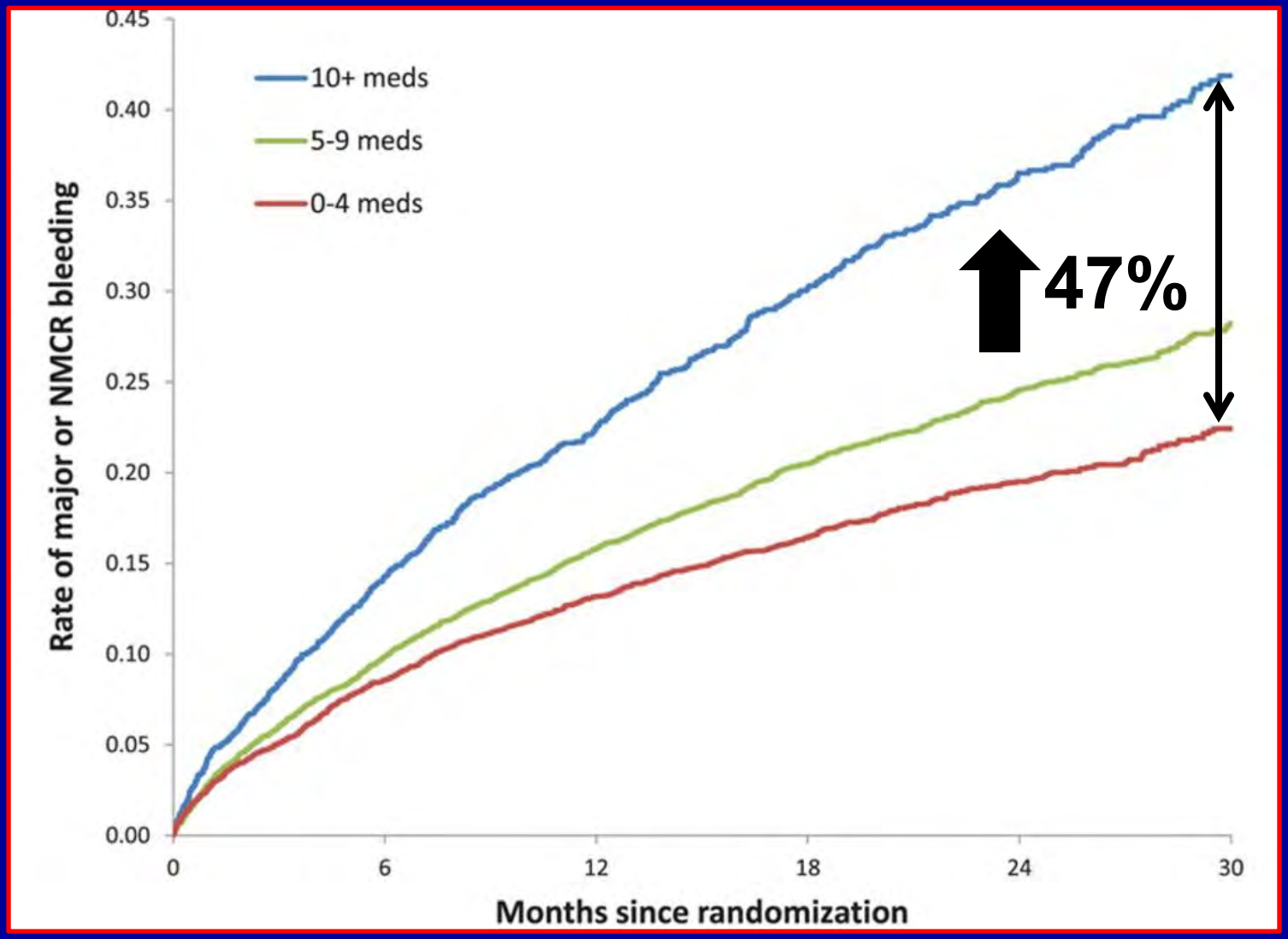
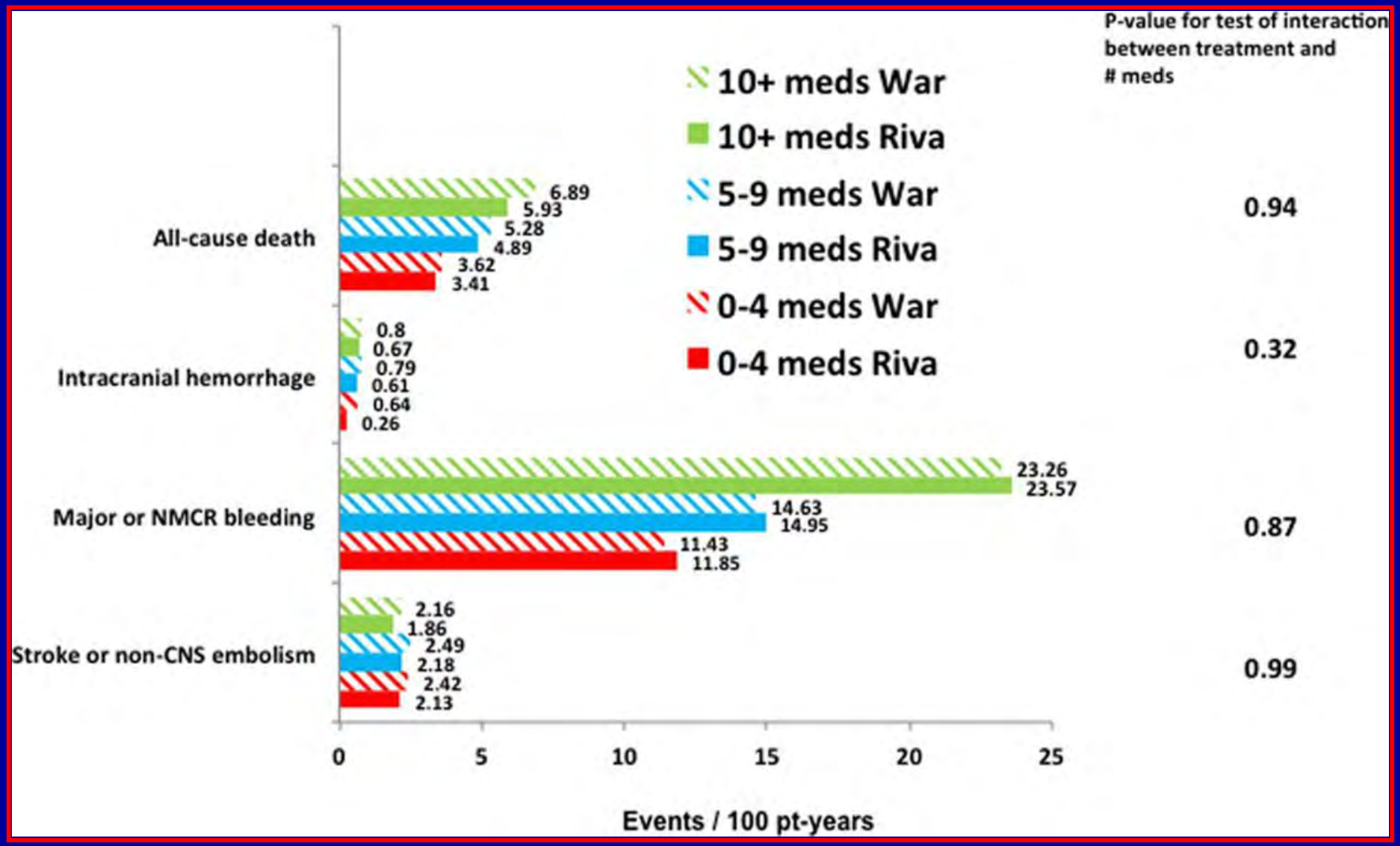
Comorbidities → Polypharmacy



Piccini JP, et al. Circulation. 2016;133:352-360

Polypharmacy: NOAC vs. Warfarin



Piccini JP, et al. Circulation. 2016;133:352-360

Conclusions

- Many patients with AF have multiple comorbidities.
- Burden of comorbidities increase risk of ischemic and ***bleeding*** events as well as mortality.
- Polypharmacy often complicates management of patients with comorbities.
- Clinical trials demonstrate that the benefits of NOACs are preserved in patients across the spectrum of comorbid conditions.