



Original Research

Apixaban versus Aspirin According to CHA₂DS₂-VASc Score in Subclinical Atrial Fibrillation: Insights from ARTESiA

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Abstract

Background

ARTESiA demonstrated that apixaban, compared with aspirin, significantly reduced stroke and systemic embolism (SE) but increased major bleeding in patients with subclinical atrial fibrillation (SCAF).

Objectives

To help inform decision making, we evaluated the efficacy and safety of apixaban according to baseline CHA₂DS₂-VASc score.

Methods

We performed a subgroup analysis according to baseline CHA₂DS₂-VASc score and assessed both the relative and absolute differences in stroke/SE and major bleeding.

Results

Baseline CHA₂DS₂-VASc scores were <4 in 1578 (39.4%) patients, 4 in 1349 (33.6%), and >4 in 1085 (27.0%). For patients with CHA₂DS₂-VASc >4, the rate of stroke was 0.98%/year with apixaban and 2.25%/year with aspirin; compared with aspirin, apixaban prevented 1.28 (0.43 to 2.12) strokes/SE per 100 patient-years and caused 0.68 (-0.23 to 1.57) major bleeds. For CHA₂DS₂-VASc <4, the stroke/SE rate was 0.85%/year with apixaban and 0.97%/year with aspirin. Apixaban prevented 0.12 (-0.38 to 0.62) strokes/SE per 100 patient-years and caused 0.33 (-0.27 to 0.92) major bleeds. For patients with CHA₂DS₂-VASc =4, apixaban prevented 0.32 (-0.16 to 0.79) strokes/SE per 100 patient-years and caused 0.28 (-0.30 to 0.86) major bleeds.

Conclusion

One in 4 patients in ARTESiA with SCAF had a CHA₂DS₂-VASc score >4 and a stroke/SE risk of 2.2% per year. For these patients, the benefits of treatment with apixaban in preventing stroke/SE are greater than the risks. The opposite is true for patients with CHA₂DS₂-VASc score <4. A substantial intermediate group (CHA₂DS₂-VASc =4) exists in which patient preferences will inform treatment decisions.

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Tweet: Subclinical atrial fibrillation (SCAF) is common in patients with implanted devices. Identifying patients who benefit the most from oral anticoagulation is needed in clinical practice. In this current

subgroup analysis from the ARTESiA trial, we showed that CHA₂DS₂-VASc score, the current standard for guiding the treatment of clinical AF, helps in guiding oral anticoagulation for patients with SCAF.

#DCRI; #PHRI; #RenatoLopes

Trial registration: [ClinicalTrials.gov](https://clinicaltrials.gov/ct2/show/study/NCT01938248) (NCT01938248).

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