

Original article

Long-term prognostic impact of anticoagulation on patients with atrial fibrillation undergoing hemodialysis[☆]

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ABSTRACT

Introduction and objectives: Evidence for the efficacy and safety of oral anticoagulation with dicumarines in patients with atrial fibrillation (AF) on hemodialysis is controversial. The aim of our study is to evaluate the long-term prognostic implications of anticoagulation with dicumarines in a cohort of patients with non-valvular AF on a hemodialysis program due to end-stage renal disease.

Methods: Retrospective, observational study with consecutive inclusion of 74 patients with AF on hemodialysis. The inclusion period was from January 2005 to October 2016. The primary variables were all-cause mortality, non-scheduled readmissions and bleeding during follow-up.

Results: Mean age was 75 ± 10 years; 66.2% were men and 43 patients (58.1%) received acenocoumarol. During a median follow-up of 2.40 years (IQR = 0.88–4.15), acenocoumarol showed no survival benefit [HR = 0.76, 95% CI (0.35–1.66), $p = 0.494$]. However, anticoagulated patients were at increased risk of recurrent cardiovascular hospitalizations [IRR = 3.94, 95% CI (1.06–14.69), $p = 0.041$]. There was a trend toward an increase in repeated hospitalizations of ischemic cause in anticoagulated patients [IRR = 5.80, 95% CI (0.86–39.0), $p = 0.071$].

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There was a statistical trend toward a higher risk of recurrent total bleeding in patients treated with acenocoumarol [IRR = 4.43, 95% CI (0.94-20.81), $p = 0.059$].

Conclusions: In this study, oral anticoagulation with acenocoumarol in patients with AF on hemodialysis did not increase survival. However, it was associated with an increased risk of hospitalizations of cardiovascular causes and a tendency to an increased risk of total bleeding.

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Impacto pronóstico a largo plazo de la anticoagulación en pacientes en hemodiálisis con fibrilación auricular

RESUMEN

Introducción y objetivos: La evidencia de la eficacia y seguridad de la anticoagulación oral con dicumarínicos en pacientes en hemodiálisis con fibrilación auricular (FA) es controvertida. El objetivo de nuestro estudio es evaluar las implicaciones a nivel pronóstico a largo plazo de la anticoagulación con dicumarínicos en una cohorte de pacientes con FA no valvular en programa de hemodiálisis debido a insuficiencia renal terminal.

Métodos: Estudio observacional retrospectivo con inclusión consecutiva de 74 pacientes en hemodiálisis con FA. El periodo de inclusión fue de enero de 2005 a octubre de 2016. Las variables principales fueron mortalidad por todas las causas, reingresos no programados y sangrados.

Resultados: La edad media fue de 75 ± 10 años; el 66,2% fueron hombres y 43 pacientes (58,1%) recibieron acenocoumarol. Durante una mediana de seguimiento de 2,40 años (IQR = 0,88-4,15), el acenocoumarol no demostró beneficio en supervivencia [HR = 0,76, IC 95% (0,35-1,66), $p = 0,494$]. Sin embargo, los pacientes anticoagulados presentaron más riesgo de hospitalizaciones cardiovasculares recurrentes [IRR = 3,94, IC 95% (1,06-14,69), $p = 0,041$]. Hubo una tendencia a un aumento de hospitalizaciones repetidas de causa isquémica en los pacientes anticoagulados [IRR = 5,80, IC 95% (0,86-39,0), $p = 0,071$]. Se observó una tendencia estadística hacia un mayor riesgo de sangrados totales recurrentes en los anticoagulados [IRR = 4,43, IC 95% (0,94-20,81), $p = 0,059$].

Conclusiones: En el presente estudio, la anticoagulación oral con acenocoumarol en pacientes en hemodiálisis con FA no supuso un aumento de la supervivencia, y sin embargo, se asoció con un mayor riesgo de hospitalizaciones de causa cardiovascular y una tendencia a mayor riesgo de sangrados totales.

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Palabras clave:

Anticoagulación

Hemodiálisis

Fibrilación auricular

Introduction

Patients on hemodialysis show a higher prevalence of atrial fibrillation (AF) than the general population.¹ The CHA2DS2-VASc score has been widely validated to guide on the need for anticoagulation therapy for prevention of thromboembolic events in non-valvular AF in the general population.² Due to the prevalence of heart failure, hypertension and diabetes mellitus, most patients on hemodialysis with AF would require oral anticoagulation based on CHA2DS2-VASc scale. The efficacy and safety of oral anticoagulation with dicoumarin in hemodialysis patients with AF is controversial.³⁻⁵

In the present study, we intend to evaluate the long-term prognostic implications of anticoagulation with antivitamin K

drugs in a cohort of patients on maintenance of hemodialysis with non-valvular AF.

Methods

Patient population and Study design

This is a retrospective observational study. From January 2005 to October 2016 all patients from our center hemodialysis program with AF were added consecutively to the study. Patients with mechanical prostheses and significant mitral stenosis were excluded. A total of 74 hemodialysis patients with AF were included. The decision to treat with oral anticoagulation was based on the medical criteria of the nephrologist and/or cardiologist responsible for the care of each patient.

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