



TRENDS AND OUTCOMES OF ANTICOAGULATION FOR CARDIOVERSION AT UNIVERSITY OF KENTUCKY

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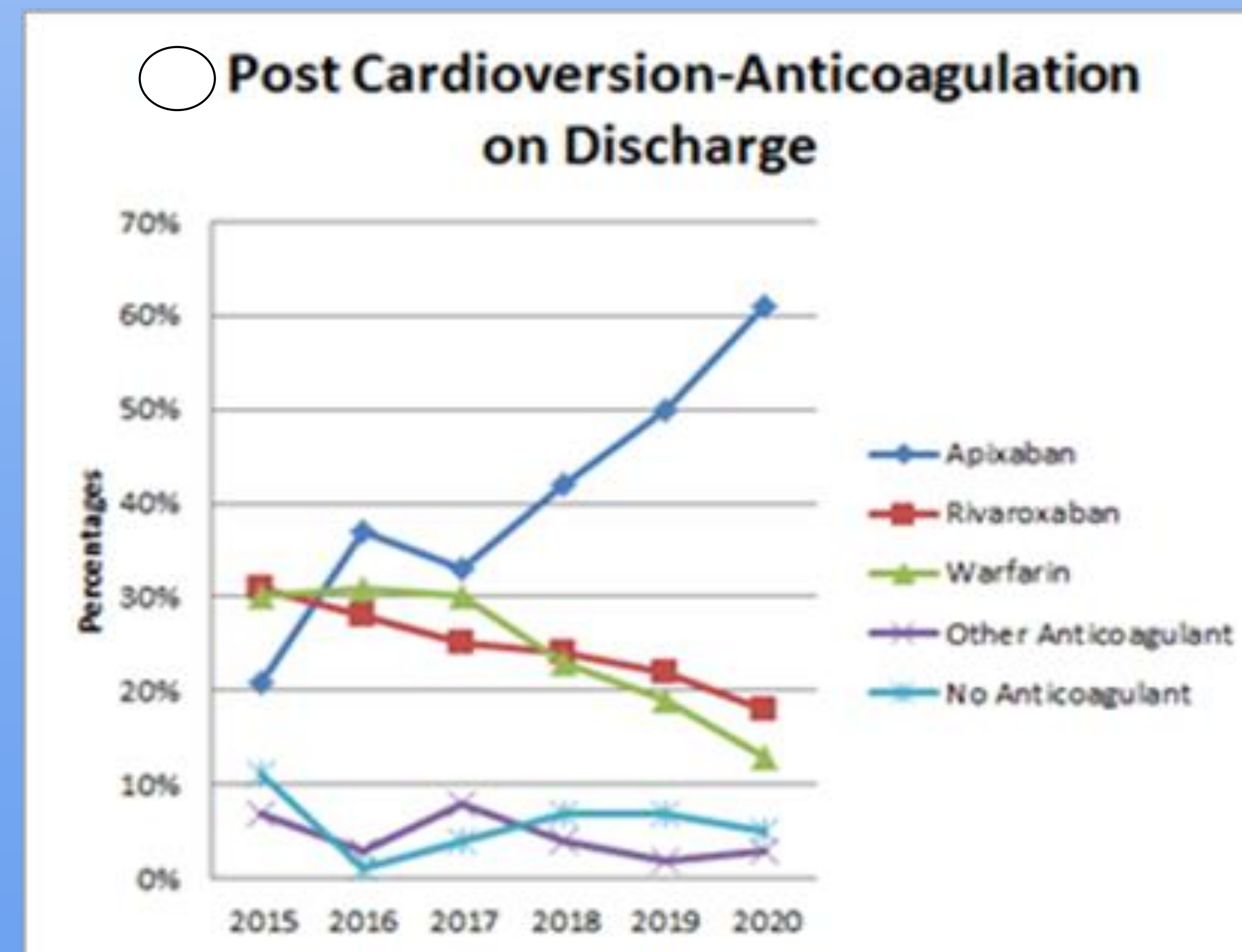
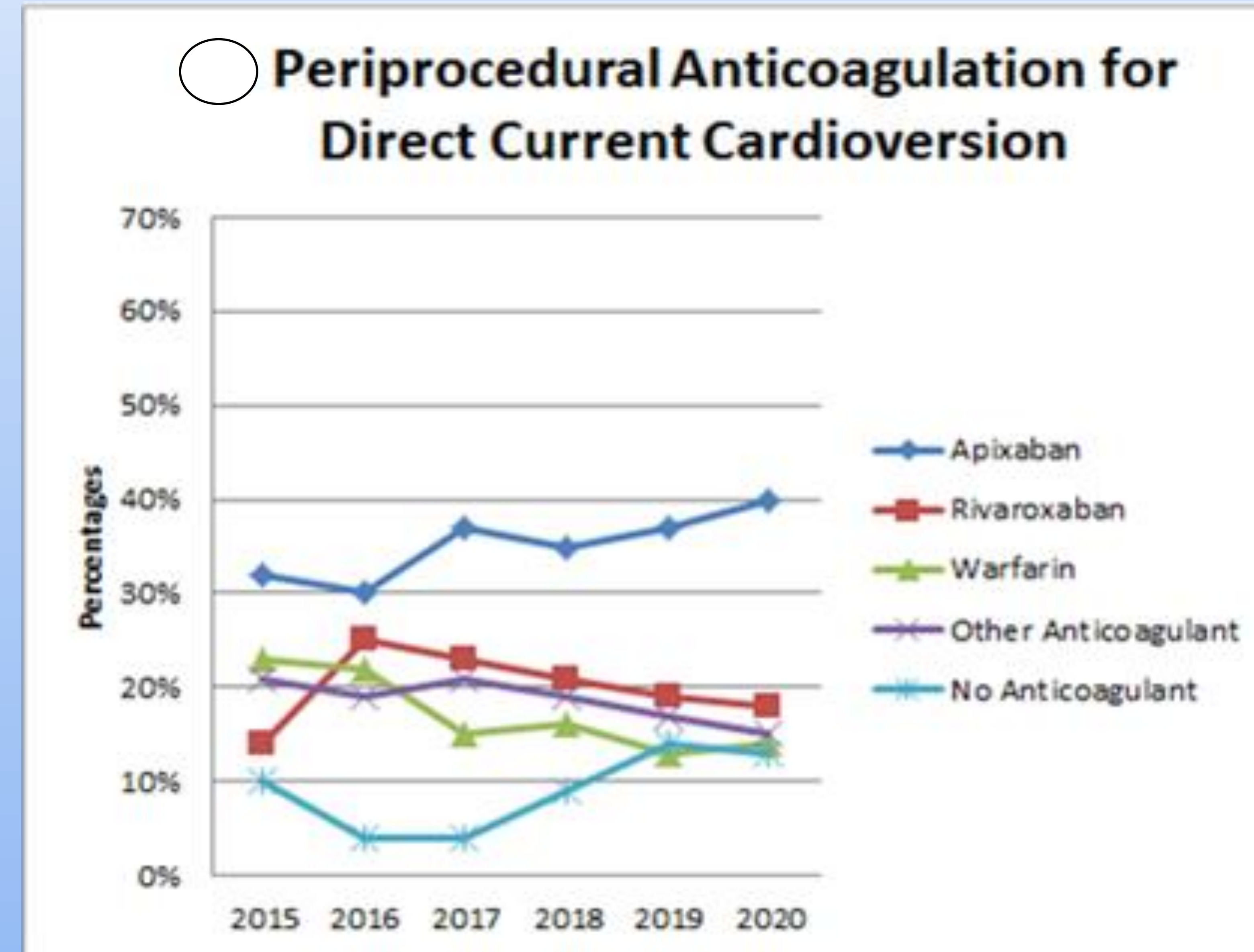
INTRODUCTION

- With the advent of DOAC's they have become the preferred mode of anticoagulation for atrial fibrillation for the last few years.
- Aim of this study was to assess the trends of anticoagulation at the time of Direct Current cardioversion at University of Kentucky, the type of anticoagulation used and major intracranial events within 30 days of Cardioversion

Methods

- A retrospective review of medical charts of patients who underwent cardioversion from January 2015 to October 2020 was done. Charts were reviewed to identify the first cardioversion for atrial fibrillation/flutter done during the study duration.
- Baseline demographics including age, gender, medical comorbidities, CHA2DS2VASc score, cardioversion procedure note, outpatient, peri-procedural anticoagulation and anticoagulation on discharge were noted. Patients with at least 30 days follow up were included in the study.
- Total of 515 patients were included in the study. Primary end points for the study were Stroke/TIA and Intracranial Hemorrhage within 30 days from the cardioversion

GRAPHS



RESULTS

- Of the 515 patients surveyed, 351 (68%) were men and 164 (32%) were women. Mean age of patients undergoing DC cardioversion was 62 ± 13 years, with age range of 18-95 years.
- Mean CHA2DS2VASc of the entire cohort was 2.6 ± 1.6 .
- There was an increasing trend of using Apixaban and rivaroxaban over the past 5 years in periprocedural and at 30-days after discharge with overall decreased use of warfarin.
- Intracranial hemorrhage was not seen in any patients at 30 days after cardioversion.
- Stroke within 30 days of cardioversion occurred in 4 (0.7%)

CONCLUSION

- Our study shows increasing use of Apixaban in periprocedural and outpatient use.
- The use of triple therapy is very low which aligns with a safe practice.
- Incidence of major intracranial events after cardioversion at our center was relatively low.