

Title: Characteristics of warfarin under prescription in older adults with atrial fibrillation

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Objectives: The prevalence of atrial fibrillation (AF) and atrial flutter (AFL) increases with age. Prior research suggests that under prescription of anticoagulants, such as warfarin, in older adults can lead to increased morbidity and mortality. We analyzed rates and patterns of warfarin prescription in older adults.

Methods: In this prospective observational study, we enrolled 2179 consecutive patients with admission diagnosis of AF or AFL. Those placed on a non-warfarin anticoagulation (189 patients) were excluded. Patients were then divided into "older cohort" (≥ 75 years of age) and "younger cohort" (< 75 years of age). Within the older cohort, prescription patterns of warfarin were analyzed. Serial prospective follow-up was 3.1 years \pm 2.06 years.

Results: Of the 1990 patients, 46.9% were ≥ 75 years older, of which 51.1% were prescribed warfarin. There was no difference between mean CHA₂DS₂-VASc score and warfarin prescription (OR = 1.06 (95% CI 0.93 - 1.21), $p = 0.388$) in the older cohort. After adjusting for hypertension, glomerular filtration rate, and Black race, appropriate warfarin prescription in older adults was independently associated with lower aspirin prescription rates (OR = 0.57 (95% CI 0.43 - 0.75), $p < 0.001$), lower body mass index (OR = 1.03 (95% CI 1.01 - 10.6), $p = 0.018$), and lower hemoglobin levels (OR = 1.11 (95% CI 1.04 - 1.19), $p = 0.002$).

Conclusions: In our study, adults 75 years and older with AF and AFL tended to have lower rates of warfarin prescription despite higher CHA₂DS₂-VASc score and higher risk of thromboembolic events. Anemia, lower weight, and aspirin use were characteristics associated with warfarin under prescription. These patterns can shed light on clinicians' perceived hesitancy to anticoagulate certain older adults.

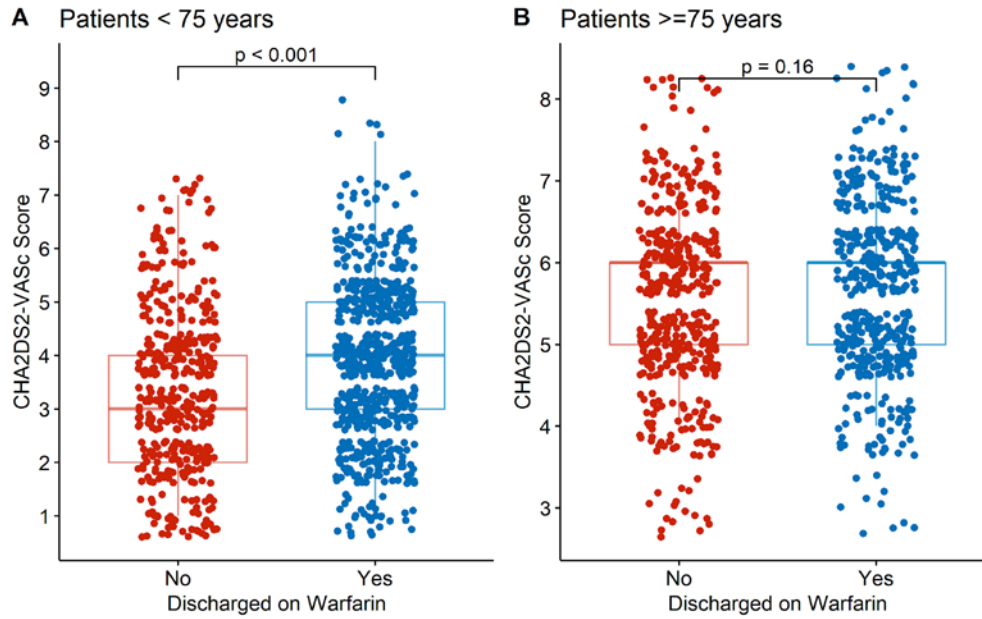


Figure 2. The relationship between CHA2DS2-VASc Score and warfarin discharge. In contrast to the younger cohort (A), there is no statistically significant difference between CHADS2-VASc Score and being discharged on warfarin in the older cohort (B, $p = 0.16$).

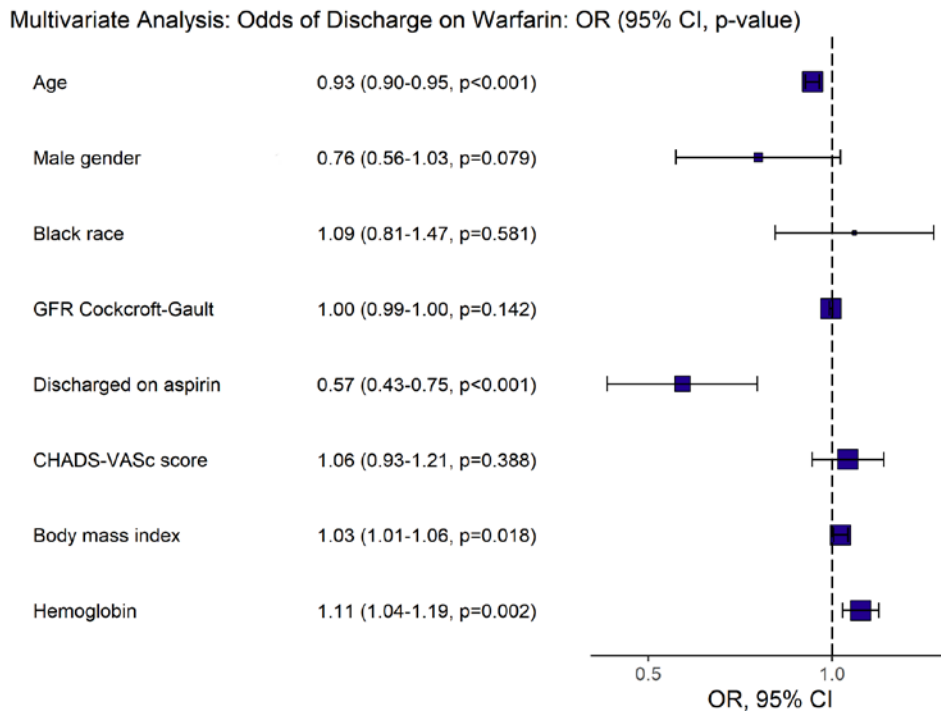


Figure 3. Multivariate analysis assessing predictors of being discharged on warfarin in patients ≥ 75 years old.

