

**Title:** Antithrombotic treatment pattern in newly diagnosed atrial fibrillation patients and 2-year follow-up results for dabigatran-treated patients in the Africa/Middle Eastern Region: Phase II results from the GLORIA-AF Registry Program

**Category:** Prevention

### Abstract

**Background:** Non-vitamin K antagonist oral anticoagulants (NOACs) have changed stroke prevention in non-valvular atrial fibrillation (AF). However, prospective data from clinical practice from regions such as Africa/Middle East (MEA) are less common. The Global Registry on Long-Term Antithrombotic Treatment in Patients with AF (GLORIA-AF), is a large, global, prospective, registry program including patients from MEA. Here we report results from this region.

**Methods:** Phase II of GLORIA-AF started after approval of dabigatran etexilate (DE), the first NOAC available for stroke prevention in AF. Newly diagnosed AF patients with a CHA<sub>2</sub>DS<sub>2</sub>-VASc score of  $\geq 1$  were consecutively enrolled from Nov 2011–Dec 2014. Antithrombotic treatment pattern at baseline and 2-year follow-up of DE patients from MEA countries are shown. Crude incidence rates are reported for stroke, major bleeding and mortality.

**Results:** Of 15,308 eligible patients, 600 were from 4 MEA countries (Lebanon, Kingdom of Saudi Arabia, United Arab Emirates and South Africa). Patients were enrolled at university hospitals (39.0%), specialist clinics (24.8%), community hospitals (23.8%) and anticoagulation clinics (11.8%). Of the 600 patients, 52.0% were male, mean age was 67.7 years and 89.8% had a high stroke risk (CHA<sub>2</sub>DS<sub>2</sub>-VASc scores  $\geq 2$ ). The most common antithrombotic treatments were DE (52.3%), vitamin K antagonists (31.7%), antiplatelets (10.7%) and other NOACs (3.8%); only 1.5% of patients received no antithrombotic treatment. Mean  $\pm$  standard deviation DE therapy duration was  $21.5 \pm 6.4$  months and DE treatment persistence at 2 years was 88.5%. After 2-years' follow-up, 3 strokes, 1 major bleeding and 8 deaths were observed (corresponding crude incidence rates [95% confidence intervals] were: 0.53 [0.11, 1.56], 0.18 [0.00, 0.99] and 1.42 [0.61, 2.80] per 100 patient-years, respectively).

**Conclusion:** In MEA, nearly 2/3 patients were enrolled at university hospitals and specialist clinics and >85% of patients received oral anticoagulation. NOACs (56.2%) were preferred over vitamin K antagonists (31.7%), and the incidence rates of stroke, major bleeding and death for dabigatran, the most commonly prescribed NOAC, were low.

*Clinical implications:* The results from this study imply that in the participating countries from MEA countries, NOACs are preferred over VKAs as treatment for stroke prevention in patients with AF and that 2-year clinical events for dabigatran are low, consistent with the overall dabigatran global GLORIA-AF study results.