



Value in Health

SUPPLEMENT 1

Volume 23 Number S1 MAY 2020 ISSN 1098-3015

*A journal of the professional society
for health economics and outcomes research*

**ISPOR 2020
May 16-20, 2020
Orlando, FL, USA**

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Article in *Value in Health* · May 2020

DOI: 10.1016/j.jval.2020.04.118

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COMPARISON OF TREATMENT OUTCOMES OF NEWER ORAL ANTICOAGULANTS VS WARFARIN IN NON-VALVULAR ATRIAL FIBRILLATION- A RETROSPECTIVE CROSS-SECTIONAL STUDY IN SOUTH INDIAN POPULATION



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PRESENTATION DOCUMENTS

ISPOR poster.pdf (https://www.ispor.org/docs/default-source/intl2019/ispor-poster-pdf.pdf?sfvrsn=7678de42_0)

OBJECTIVES

To evaluate the effect of Oral-Anticoagulants in Non-Valvular Atrial Fibrillation(NVAF) to control the occurrence of stroke and to assess the mortality-rate, hospital-readmissions, duration of hospital-stay associated with its use in South-Indian population.

METHODS

This retrospective, comparative hospital-based study conducted in a tertiary-care hospital, Kerala. In this study, NVAF patients with more than eighteen years who were initiated with Newer-Oral-Anticoagulants(NOACs) or Warfarin during the period from January-2016 to January-2018 were selected. Patients with Valvular-Heart-Disease, Transient-Ischemic-Attack, Deep-Vein-Thrombosis, Pulmonary-Embolism, End-Stage-Renal-Disease and those who contraindicated to these drugs were excluded. The patients were followed-up for a period of 1year. The effect of drugs in controlling the occurrence of stroke, stroke-free period, hospital-readmissions, length of hospital-stay and all-cause mortality were compared and analyzed among the groups. Analysis of Variance test(ANOVA) were used to compare the baseline parameters and Student's *t* test, used to compare categorical variables.

RESULTS

A total of 133 patients (51 warfarin and 82 NOAC-group) were enrolled. The number of patients on NOACs had a clinical benefit over warfarin in controlling stroke (78.04% vs 70.58%), (P=0.22). Stroke was not reported in 7.47% of NOAC users during the entire study-period. They were associated with lesser cardiac complications (36.5%), readmissions (15.85%; P=0.07); and had higher risk-reduction in readmissions (41.7%; Relative-Risk-Reduction=0.417) and mortality (12.91%; RRR=0.1291). Mean duration of hospital stay was equally-likely in both groups (Warfarin 7; NOACs 6). Warfarin-users experienced higher incidence of mortality within first six-months of initiation though mortality-rate similar in both groups during entire study-period (19.6% vs 17.1% for warfarin vs NOAC), [P=0.71]. Hazard ratios were assessed in terms of stroke [0.49 (CI:0.15-1.57); P=0.24], mortality [0.28 (CI:0.06-1.19); P=0.71] and major-bleeding [0.844 (CI:0.34-2.07); P=0.08] between both drugs, indicating NOACs were associated with lower-risk and had higher safety profile.

CONCLUSIONS : NOACs were found to be a better alternative for NVAf patients, due to its higher risk-reduction, improved health outcomes and clinical benefits over warfarin under routine clinical settings in South-India.

CONFERENCE/VALUE IN HEALTH INFO

2020-05, ISPOR 2020, Orlando, FL, USA

CODE

PCV13

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