

## 心房細動における併用療法に疑念が生じた (Abstract 5878)

**GARFIELD-AF: 心房細動患者において経口抗凝固薬と抗血小板薬の併用は予後不良と関連がある**

**GARFIELD-AF: Oral anticoagulants plus antiplatelets associated with poor outcomes in atrial fibrillation**

新たに心房細動と診断され、明らかな抗血小板薬の適応のない患者において、経口抗凝固薬と抗血小板薬の併用は抗凝固薬単独に比べ予後を悪化させる、とのGARFIELD-AFレジストリのレイトブレイキングの結果がESC Congress 2018で発表された。このスタディは、新たに心房細動と診断された患者25,815人を組み入れた。患者は、抗血小板薬および経口抗凝固薬または経口抗凝固薬のみを初めて処方された。経口抗凝固薬と抗血小板薬併用療法は、抗血小板薬の適応でない患者においては有害であった。抗血小板薬の適応であった患者においては有害ではなかったが、ベネフィットも得られないようであった。

### Full Text

Combined oral anticoagulant and antiplatelet therapy is associated with a worse prognosis than anticoagulation alone in newly diagnosed atrial fibrillation patients without a clear indication for antiplatelets, according to late breaking results from the GARFIELD-AF registry presented at ESC Congress 2018.

Professor Keith Fox, principal investigator, University of Edinburgh, UK, said: "These findings challenge the use of combined oral anticoagulant and antiplatelet therapy in patients with atrial fibrillation, especially those without an indication for antiplatelet therapy."

Nearly all patients diagnosed with atrial fibrillation should be started on oral anticoagulation to prevent stroke. Adding an antiplatelet increases the risk of bleeding and is not recommended unless required to prevent coronary or peripheral artery thrombosis – for example in patients who have received a stent, had a myocardial infarction, or have peripheral artery disease.

This analysis of the GARFIELD-AF registry investigated whether adding an antiplatelet to oral anticoagulation therapy in those without a clear indication for an antiplatelet would provide an overall benefit or harm. Patients were excluded if they had previously been prescribed antiplatelets, which included aspirin and P2Y12 receptor inhibitors.

The study enrolled 25,815 patients with newly diagnosed atrial fibrillation from 1,317 sites in 35 countries. Of those, 3,133 patients were prescribed antiplatelet and oral anticoagulant therapy for the first time and 22,682 were prescribed oral anticoagulants alone.

Patients receiving oral anticoagulants and antiplatelets had a higher prevalence of coronary artery disease, acute coronary syndrome, and stroke. However, 1,743 (56%) patients prescribed both drugs did not have coronary artery disease or peripheral artery disease.

Professor Fox said: "More than half of patients prescribed both drugs did not have coronary artery disease or peripheral artery disease, suggesting that they did not have a clear indication for antiplatelet therapy."

Patients were followed-up for a minimum of 12 months. Compared to oral anticoagulation alone, combined treatment with oral anticoagulation and antiplatelet therapy was independently associated with increased risks of major bleeding (hazard ratio [HR] 1.45, 95% confidence interval [CI] 0.94–2.23), all-cause death (HR 1.31, 95% CI 1.05–1.62), and stroke (HR 1.60, 95% CI 1.08–2.35).

Associations between treatment type and outcomes were then examined in patients with an indication for antiplatelet therapy (with coronary artery disease or peripheral artery disease) and those without (no coronary artery disease or peripheral artery disease). Compared to oral anticoagulation alone, combined treatment was independently associated with increased risks of all-cause death (HR 1.37, 95% CI 1.02–1.85) and stroke (HR 1.65, 95% CI 1.02–2.65) in patients without an indication for antiplatelets, but was not harmful in those with an indication.

Professor Fox said: "Combined oral anticoagulant and antiplatelet therapy was harmful in patients without an indication for antiplatelets. In those with an indication, it was not harmful but there did not appear to be any benefit. The results question the use of combined treatment in any patient with atrial fibrillation, but particularly in those without an indication for antiplatelets."

Professor Fox noted that the findings only apply to full dose anticoagulation. He added: "Patients with atrial fibrillation yet neither coronary artery disease nor other forms of atherosclerosis receiving both medications should consult their doctor."

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## Conference News

### [News 01]

一次予防に対するアスピリンの価値に関する様々なメッセージ

### [News 02]

糖尿病における一次予防に対しアスピリンは必要ない

### [News 03]

HDLコレステロール値が非常に高いことは有害である可能性がある

### [News 04]

降圧薬により長期生存率が改善する

### [News 05]

魚油は糖尿病患者における心血管イベントを予防しない

### [News 06]

持久系アスリートにおいて左房線維化増加が認められた

### [News 07]

左心系心内膜炎において経口抗菌薬への切り替えは安全である

### [News 08]

心房細動における併用療法に疑念が生じた

### [News 09]

タファミジスは心アミロイドーシスの死亡率を低下させる

### [News 10]

心房細動患者において未知の脳障害が認められた

### [News 11]

小径冠動脈病変に対するバルーンとステントの比較

### [News 12]

フェブキシスタットは高尿酸血症患者の有害事象を減少させる

### [News 13]

悪化する心不全においてトロンビン阻害薬は無効である

### [News 14]

抗肥満薬は心血管イベントを増加させない

### [News 15]

認知機能検査で認知症リスクの高い高血圧患者を同定できる

### [News 16]

就寝時にヨガ音楽を聴くことは心臓によい

### [News 17]

たこつば心筋症患者においてがんは予後不良と関連がある

### [News 18]

抗凝固薬による出血はがんと診断されるリスクを上昇させる