

中文題目：Warfarin 的使用與否在末期腎病合併心房顫動患者的結果比較
英文題目：Comparison of Outcomes between Warfarin and Non-Warfarin
Therapy for End-Stage Renal Disease Patients with Atrial Fibrillation: A
Nationwide Population-Based Study for Taiwan

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Background: Atrial fibrillation (AF) is the most common type of arrhythmia in adults. It is also an important comorbidity in end-stage renal disease (ESRD) patients undergoing dialysis. Warfarin is traditionally used in this group to prevent thromboembolic complications. However, patients on dialysis are at increased risk of bleeding. As a result, the clinical benefit of warfarin in the setting of ESRD with AF remains controversial. The aim of this study is to assess the outcomes of warfarin use among ESRD patients with AF.

Methods: We conducted a retrospective cohort study via the National Health Insurance Research Database (NHIRD) for Taiwan. Patients diagnosed of AF with ESRD under dialysis between January 1, 2001 and December 31, 2013 were enrolled. We grouped the selected AF under dialysis patients into warfarin and non-warfarin cohort. Outcomes during the first 90-day follow up were further compared.

Results: A total of 2105 patients who survived the index admission, comprising 421 warfarin patients and 1684 non-warfarin patients, were eligible for further analysis. Over a follow up period of 90 days, in warfarin group, female and patients without a history of ischemic stroke had significantly higher mortality (hazard ratio 1.20, 95% CI 0.996-1.46 vs. hazard ratio 0.85, 95% CI 0.69-1.06, $p = 0.025$ and hazard ratio 1.11, 95% CI 0.95-1.31 vs. hazard ratio 0.76, 95% CI 0.57-1.02, $p = 0.027$, respectively). In addition, female patients had significantly higher mortality and ischemic stroke/systemic thromboembolism (hazard ratio 1.28, 95% CI 1.06-1.54 vs. hazard ratio 0.83, 95% CI 0.67-1.03, $p = 0.004$), comparing with male patients.

Conclusions: The outcomes among ESRD patients with AF showed generally neutral results in warfarin and non-warfarin groups, except that in warfarin group, female and patients without a history of ischemic stroke had significantly higher mortality.