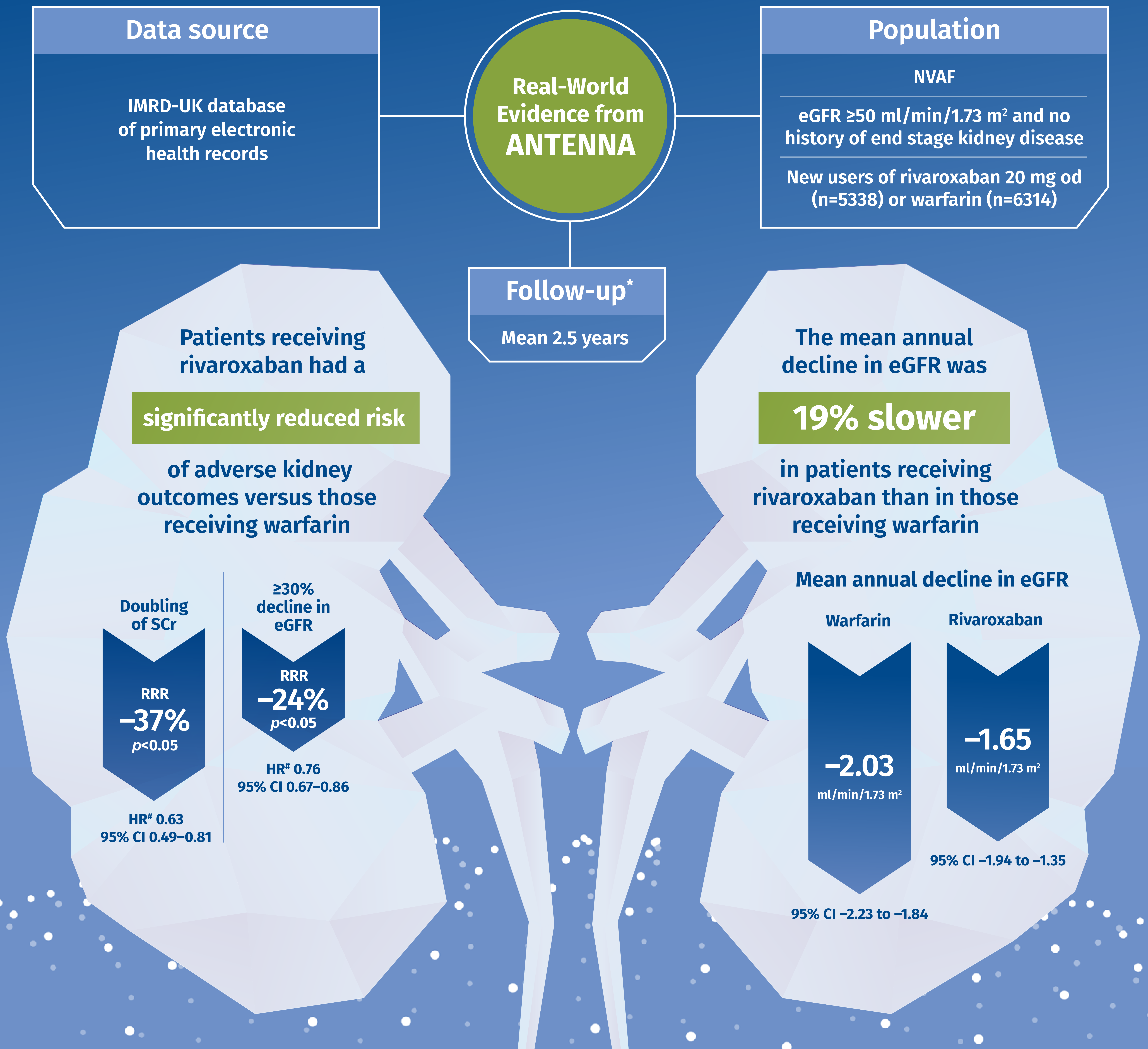


DOES ANTICOAGULANT CHOICE CHANGE THE RISK OF KIDNEY FUNCTION DECLINE IN PATIENTS WITH NVAF?



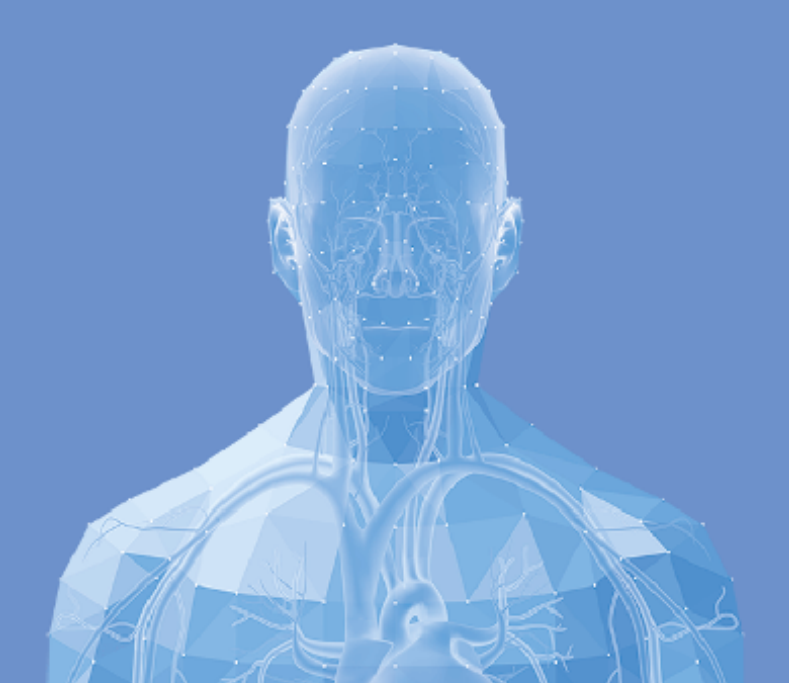
ANTENNA builds confidence in the body of evidence that suggests that anticoagulant choice impacts kidney outcomes in patients with NVAF



FURTHER READING

Bonnemeier H *et al.* ESOC. Milan, Italy, 22–24 May 2019, Poster P4749.
Coleman CI *et al.* *Clin Appl Thromb Hemost* 2019;25:1076029619868535.
Vaitsiakhovich T *et al.* ESC. Paris, France, 31 August–4 September 2019, Poster P4746.
Hernandez AV *et al.* *Eur Heart J Qual Care Clin Outcomes* 2020;6:301–307.
Yao X *et al.* *J Am Coll Cardiol* 2017;70:2321–2632.

*Patients followed from first prescription between January 2014 and March 2019. #Adjusted for age, sex, baseline eGFR, number of previous measurements at baseline, Townsend index, poly medication, smoking, body mass index, health service use (primary care physician visits, referrals and hospitalisations) in the year before the start date, ischaemic heart disease, cancer, diabetes, heart failure, previous acute kidney injury, frailty and CHA₂DS₂-VASc score. CI, confidence interval; eGFR, estimated glomerular filtration rate; HR, hazard ratio; IMRD-UK, IQVIA Medical Research Data-UK; NVAF, non-valvular atrial fibrillation; od, once daily; RRR, relative risk reduction (calculated as 1-hazard ratio); SCr, serum creatinine. Lenz Y *et al.* ESC. Virtual, 27–31 August 2021. Poster. CPC choice. <https://esc2021-abstract.medicalcongress.online/mediatheque/media.aspx?channel=103467&mediaId=104597> [accessed 23 August 2021].



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