

Journée Scientifique de Broca



Pratiques en
Gériatrie : 4ème édition

AOD en gériatrie

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Déclaration de relations professionnelles et liens d'intérêt

- Novartis, BoehringerIngelheim, Bayer, Sanofi, BMS, Pfizer, Astra-Zeneca, Servier, Vifor

Expert consensus of the French Society of Geriatrics and Gerontology and the French Society of Cardiology on the management of atrial fibrillation in elderly people

Consensus d'experts de la Société française de gériatrie et gérontologie et de la société française de cardiologie, sur la prise en charge de la fibrillation atriale du sujet âgé

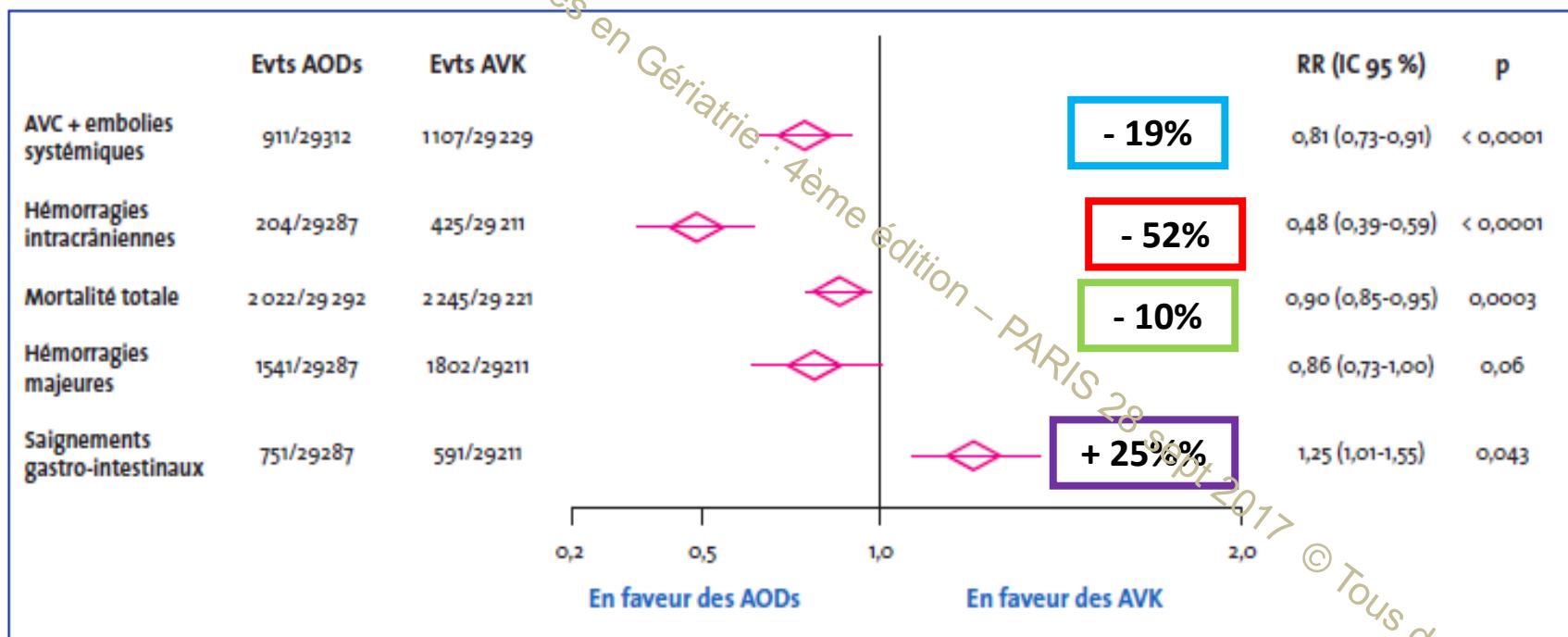
Olivier Hanon^{a,b,c,f}, Patrick Assayag^{d,e,f},
Joel Belmin^{a,g,r}, Jean Philippe Collet^{d,h,i},
Jean Paul Emeriau^{a,j}, Laurent Fauchier^{d,k,l},
Françoise Forette^a, Patrick Friocourt^{a,m},
Armelle Gentric^{a,n,o}, Christophe Leclercq^{d,p,q},
Michel Komajda^{d,h,r}, Jean Yves Le Heuzey^{d,s,t}

il est recommandé **que tous les patients de 75 ans et plus ayant une FA reçoivent un traitement anticoagulant, en tenant compte du risque hémorragique**

Comparison of the efficacy and safety of new oral anticoagulants with warfarin in patients with atrial fibrillation: a meta-analysis of randomised trials

Christian T Ruff, Robert P Giugliano, Eugene Braunwald, Elaine B Hoffman, Naveen Deenadayalu, Michael D Ezekowitz, A John Camm, Jeffrey I Weitz, Basil S Lewis, Alexander Parkhomenko, Takeshi Yamashita, Elliott M Antman

Méta-analyse RE-LY, Rocket AF, ARISTOTLE et ENGAGE AF-TIMI 48 :
71 683 patients inclus (29 099 > 75 ans, 10 642 > 80 ans)



Efficacy and Safety of Rivaroxaban Compared with Warfarin among Elderly Patients with Nonvalvular Atrial Fibrillation in the ROCKET AF Trial

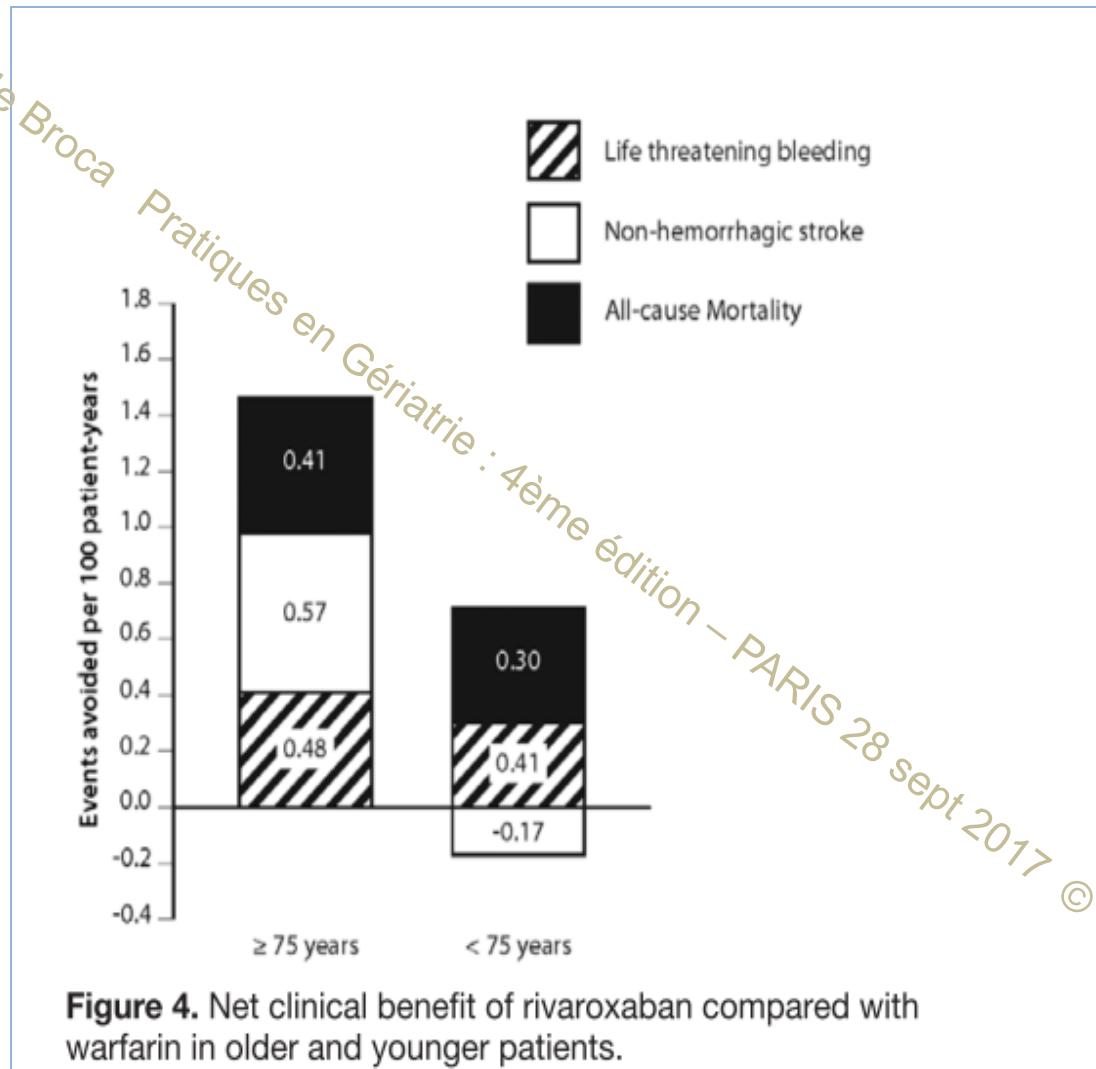


Figure 4. Net clinical benefit of rivaroxaban compared with warfarin in older and younger patients.

Direct oral anticoagulants compared with vitamin K antagonists for acute venous thromboembolism: evidence from phase 3 trials

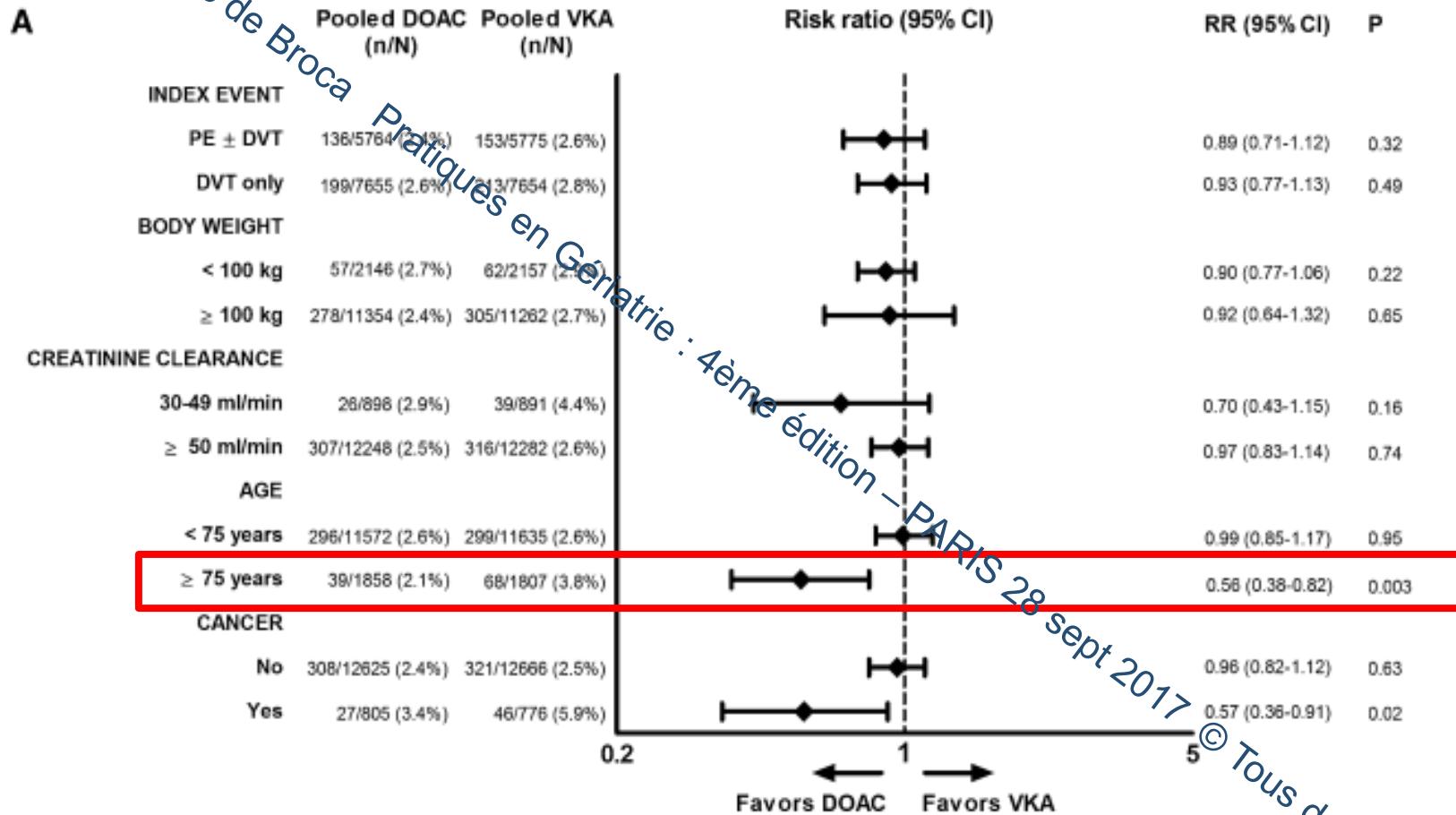
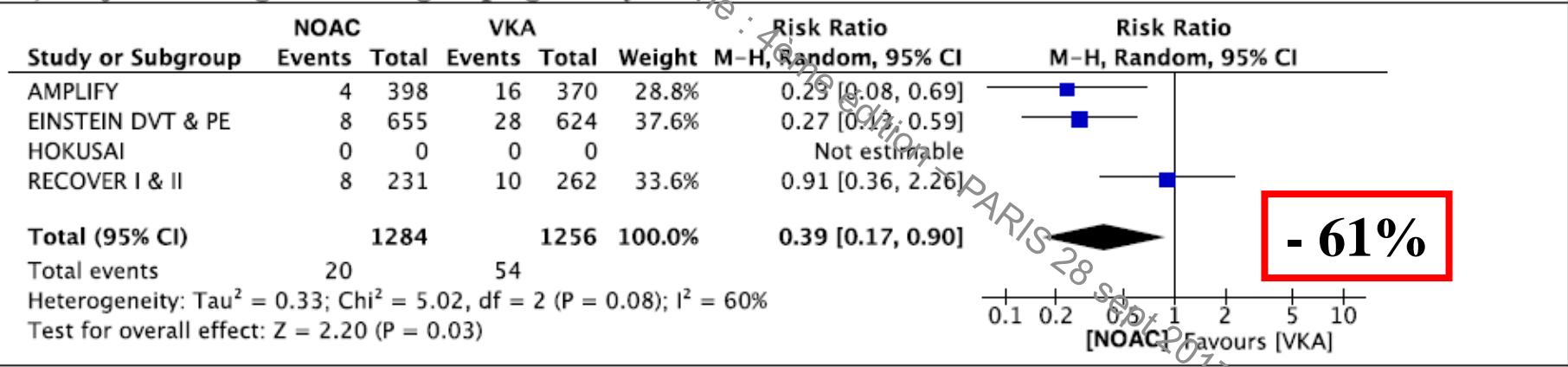


Figure 4. First recurrent VTE or VTE-related death in specific subgroups.

Venous thromboembolism in the elderly: efficacy and safety of non-VKA oral anticoagulants

Less major bleeding in the elderly

C) Major bleeding in the subgroup age ≥ 75 years



Long-Term Population-Based Cerebral Ischemic Event and Cognitive Outcomes of Direct Oral Anticoagulants



Compared With Warfarin Among Long-term Anticoagulated Patients for Atrial Fibrillation

n = 5254. Intermountain Health care clinical pharmacist

June 2010 to December 2014 for , patients matched 1:1 by propensity score.

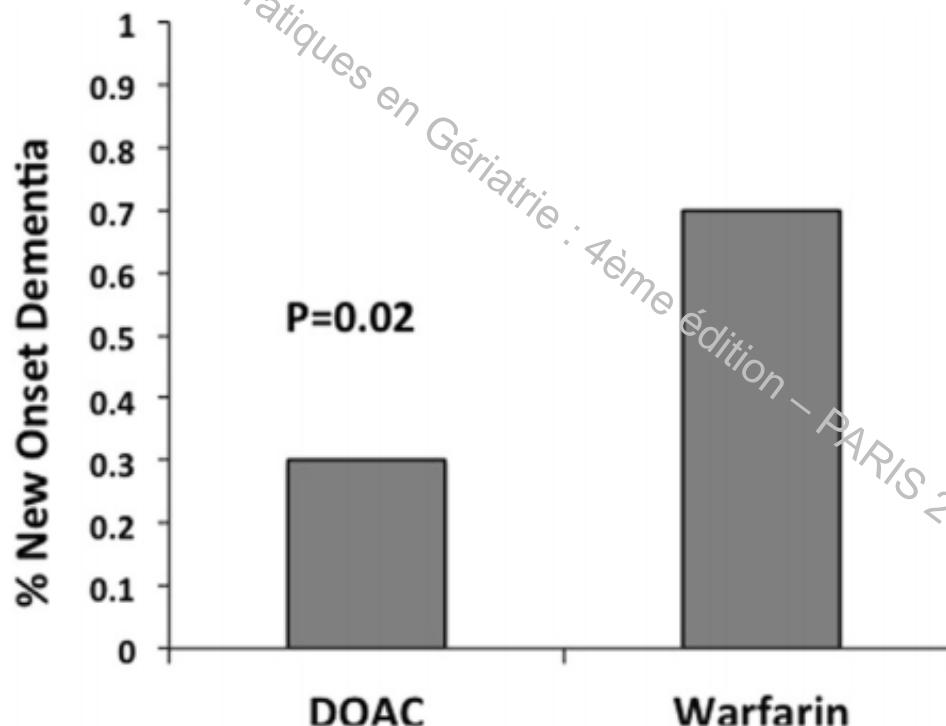


Figure 4. Long-term incident dementia events in patients with AF compared by DOACs and warfarin treatment.

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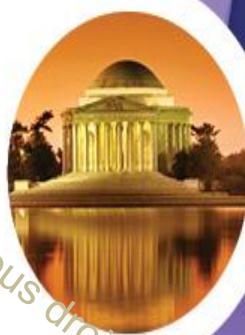
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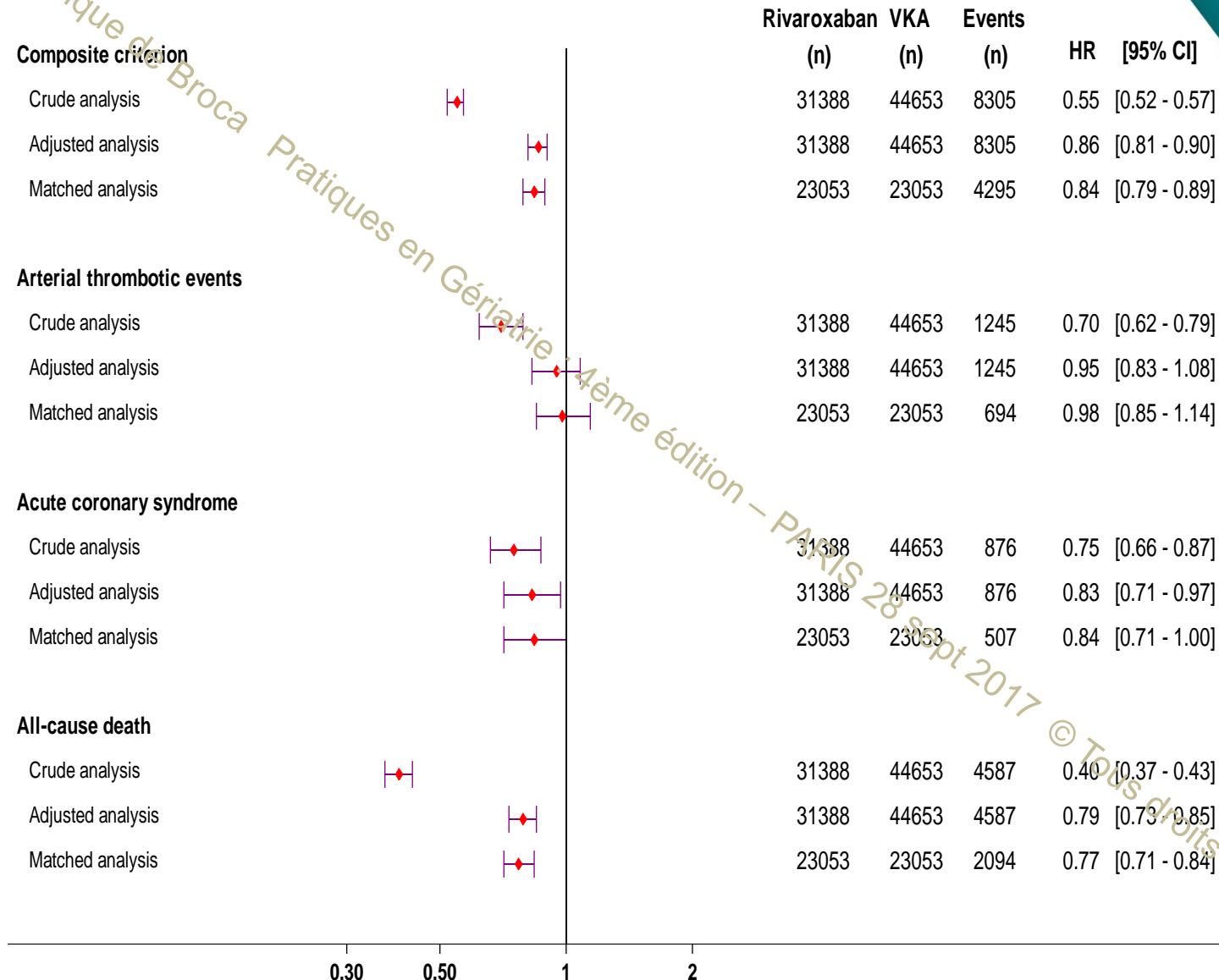
EFFECTIVENESS AND SAFETY OF DIRECT ORAL ANTICOAGULANTS COMPARED WITH VITAMIN-K ANTAGONISTS: INITIAL RESULTS FROM A COHORT STUDY IN THE NATIONWIDE FRENCH CLAIMS AND HOSPITALIZATION DATABASE (SNIIRAM)

Nicholas Moore, MD, PhD
Bordeaux PharmacoEpi, INSERM CIC1401, INSERM U1219, University of Bordeaux, CHU de Bordeaux, France

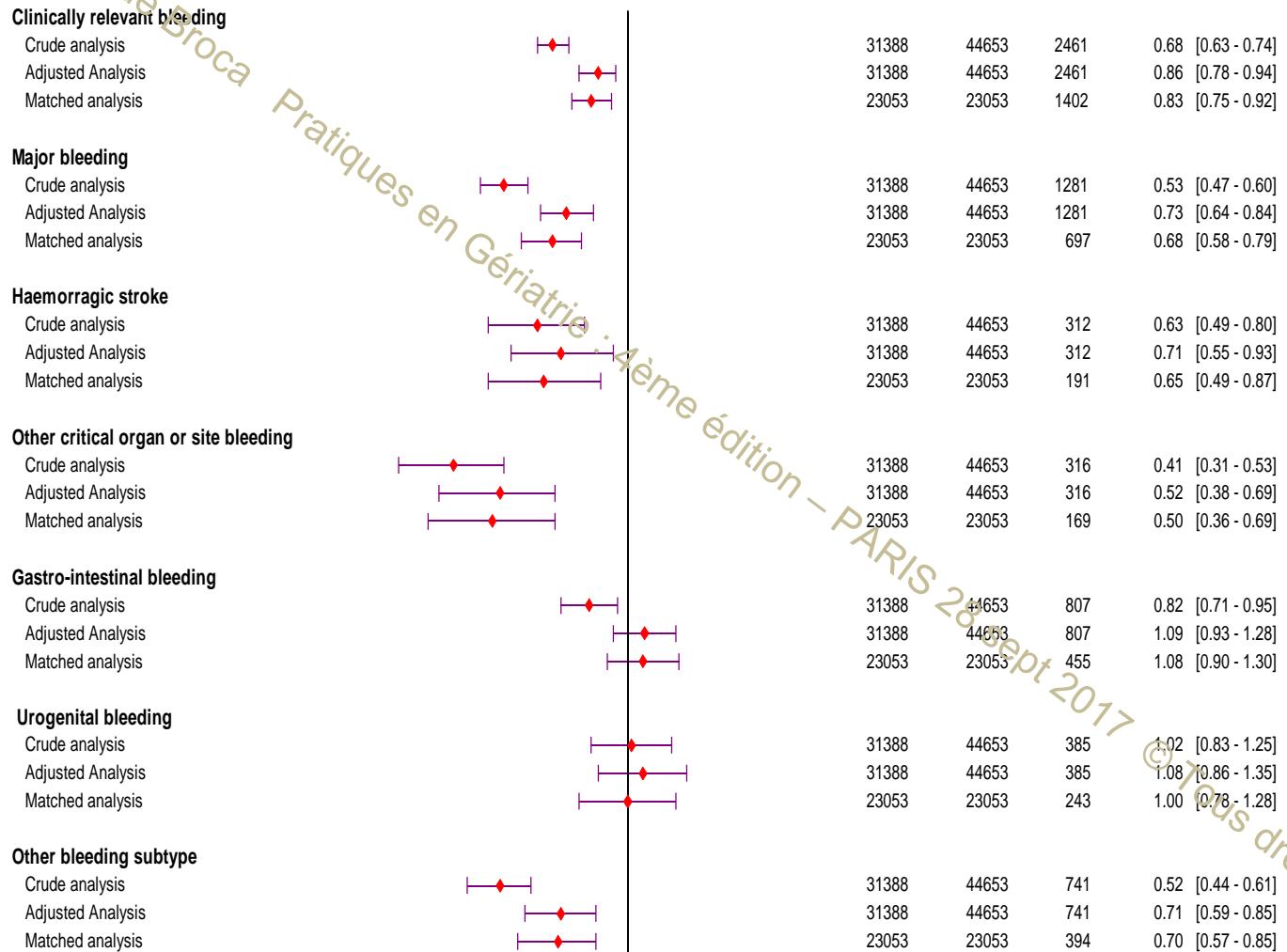
WASHINGTON, DC
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MARCH 17 – 19, 2017



Effectiveness: R versus VKA



Safety: R versus VKA



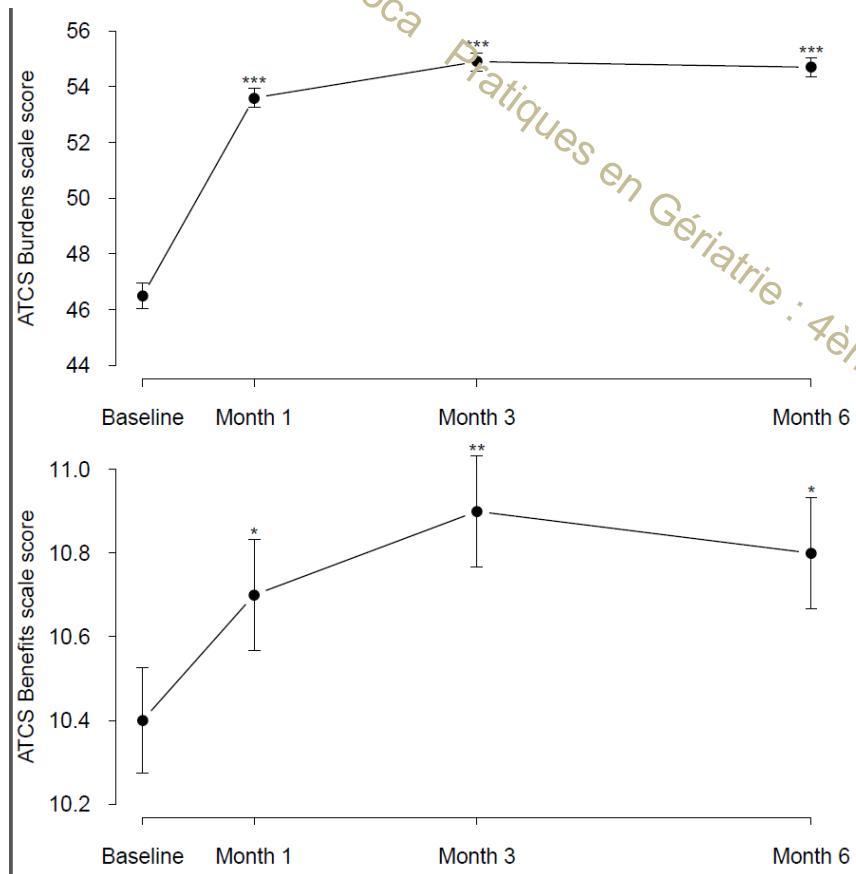
Characterizing Major Bleeding in Patients With Nonvalvular Atrial Fibrillation: A Pharmacovigilance Study of 27 467 Patients Taking Rivaroxaban

Table 2 MB Event Rates, Bleed Locations, and Hospitalization Data^a

	MB Cases (N = 478)
MB cases with fatal outcome	14
Patients with multiple MB events	16
MB incidence rate per 100 person-years (95% CI) ^b	2.86 (2.61-3.13)
Bleeding cases with fatal outcome (95% CI)	0.08 (0.05-0.14)
MB location, n	
GI hemorrhage	
Esophageal	4
Gastroduodenal	87
Lower GI	125
Unspecified GI	207
ICH	36

Patient-reported treatment satisfaction with rivaroxaban for stroke prevention in atrial fibrillation. A French observational study, the SAFARI study

N=405 subjects who have undergone a switch from VKA to Xarelto®

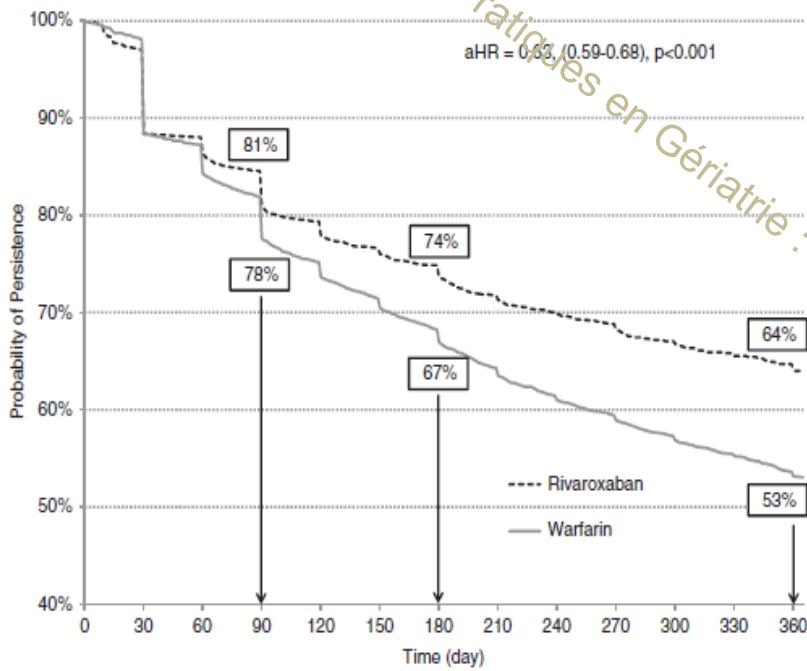


*: p > 0.05; **: p < 0.01; ***: p < 0.001.

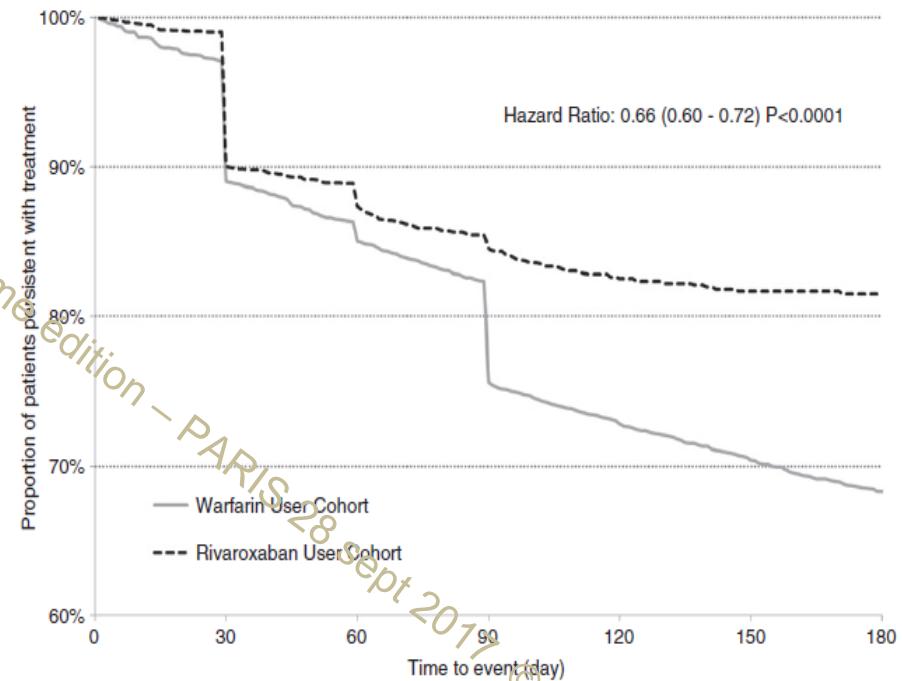
Hémorragies	%
Hémorragies majeures	1%
Hémorragie mortelle	0.2%

Les patients : une meilleure persistance que sous AVK

Registre US , n=32 886



Registre Canada, n=18 270



Conclusions

- **Essais cliniques/ données de vie réelle**

AOD ont un profil bénéfice /risques favorables vs AVK

- moins d'hémorragies cérébrales
- moins d'hémorragies menaçant le pronostic vital

- **Recommandations Européennes :**

AOD en première intention (grade IA)

- **Les AOD sont de plus en plus souvent utilisés en gériatrie**

- **SAFIR** : 1^{er} étude en gériatrie (n=1000)