



# Global Registry on Long-Term Oral Antithrombotic Treatment in Patients with Atrial Fibrillation: Baseline Characteristics of the first 10,000 Patients in GLORIA-AF Phase II



Global Registry on Long-Term Oral Antithrombotic Treatment in Patients with Atrial Fibrillation

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# Conflict of Interest Statement

I have received honoraria for presentations as well as research grants from Boehringer Ingelheim, Bayer Healthcare, Pfizer, BMS, GSK and Actelion

# Background

- Atrial fibrillation (AF) confers a major risk factor for cardio-embolic stroke
- Availability of novel oral anticoagulants (NOACs) augments the treatment arsenal to expand beyond vitamin K antagonists (VKAs, e.g., warfarin)
- In clinical trials, NOACs have been shown to be comparable or superior to VKAs in reducing stroke occurrence and systemic emboli, with a lower risk of intracranial haemorrhage

# Objective and Design of GLORIA-AF

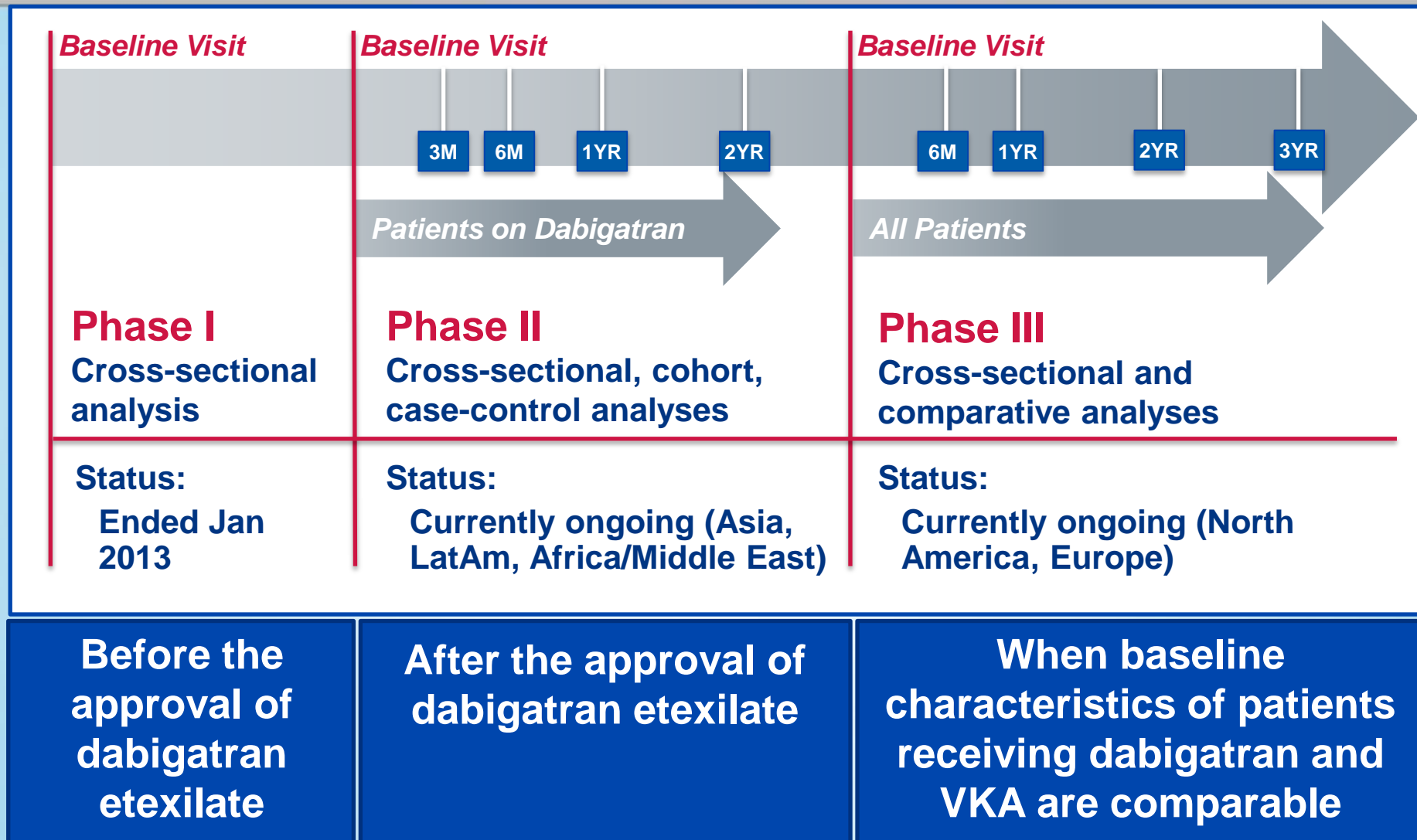
## Objective:

To characterize the newly diagnosed non-valvular AF (NVAF) patient population at risk for stroke and to study patterns, predictors and outcomes of different antithrombotic treatment regimes for stroke prevention in clinical practice

## Design:

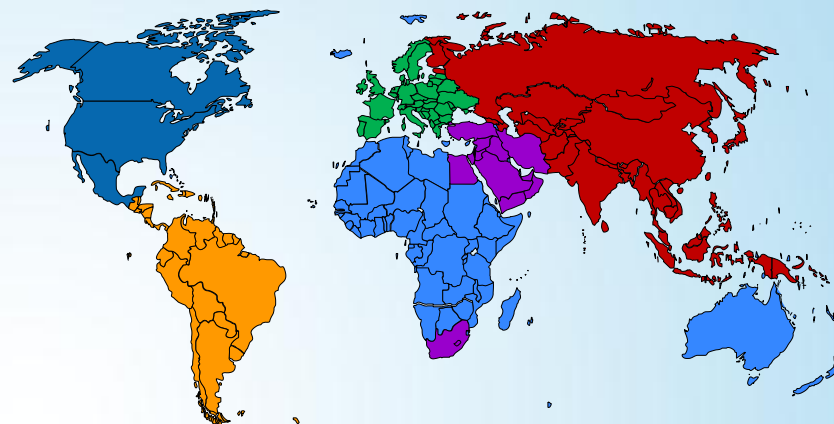
- Prospective, global, observational study program of up to 56,000 patients with newly diagnosed NVAF run in 3 phases
- Consecutive enrollment of newly diagnosed ( $\leq 3$  months) NVAF patients with  $\geq 1$  additional risk factor for stroke ( $\text{CHA}_2\text{DS}_2\text{-VASc} \geq 1$ )
- Up to 2200 AF care setting sites in ~50 countries globally

# Design of GLORIA-AF



# GLORIA-AF Phase II – Interim Analysis

**Overall 10,675 patients**  
included in Phase II  
Interim Analysis  
(enrolled from Nov 2011  
to Feb 2014)



**Region 1**  
**Asia**  
(n = 1957)

**Region 2**  
**Europe**  
(n = 4703)

**Region 3**  
**North**  
**America**  
(n = 3415)

**Region 4**  
**Latin**  
**America**  
(n = 476)

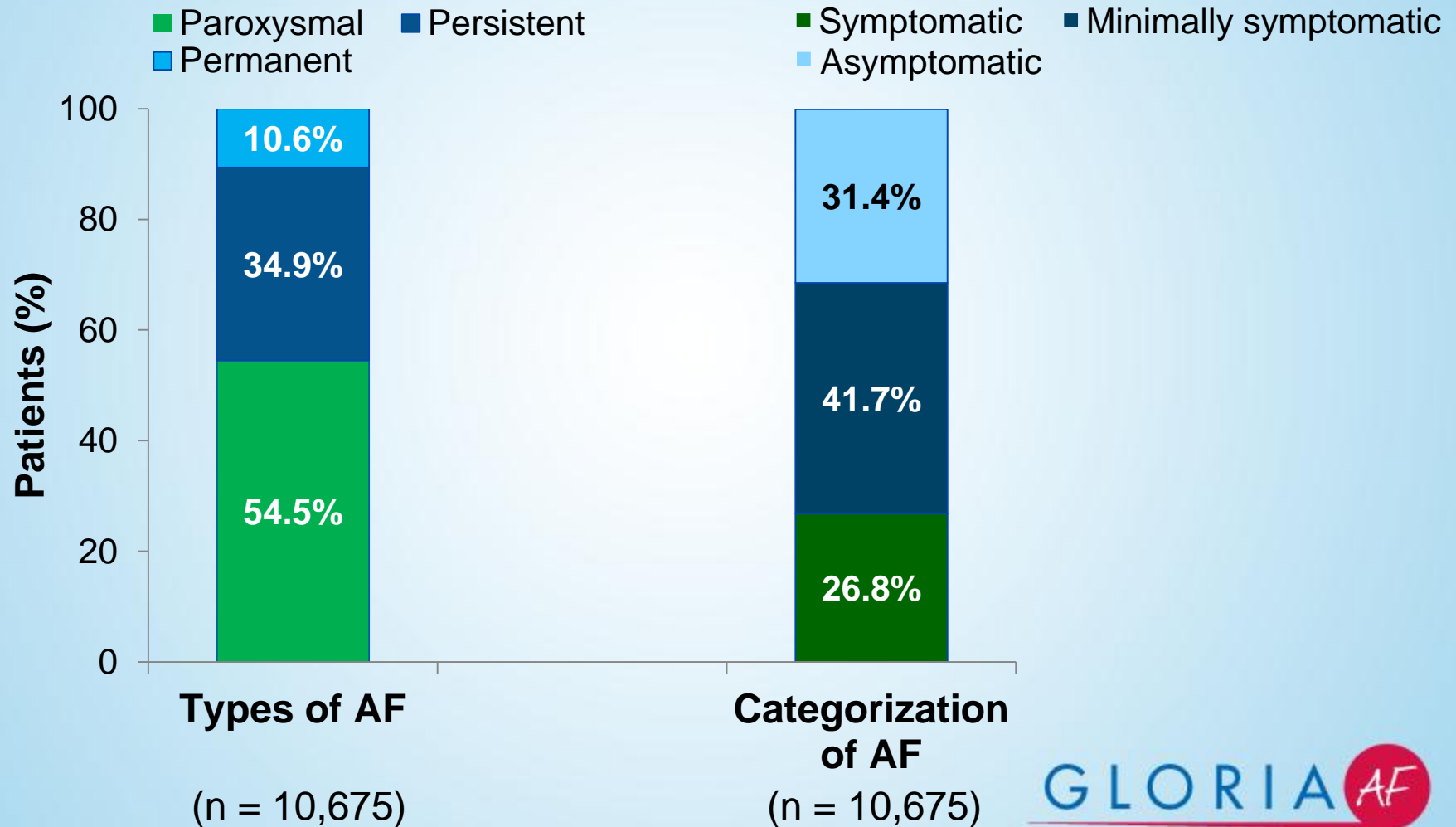
**Region 5**  
**Africa/**  
**Middle East**  
(n = 124)

## **Care Setting (Patient %):**

Specialist Offices: 33,4%; University Hospitals: 30,8%;  
Community Hospitals 12,6%; Primary Care 11,4%; Other 11,7%

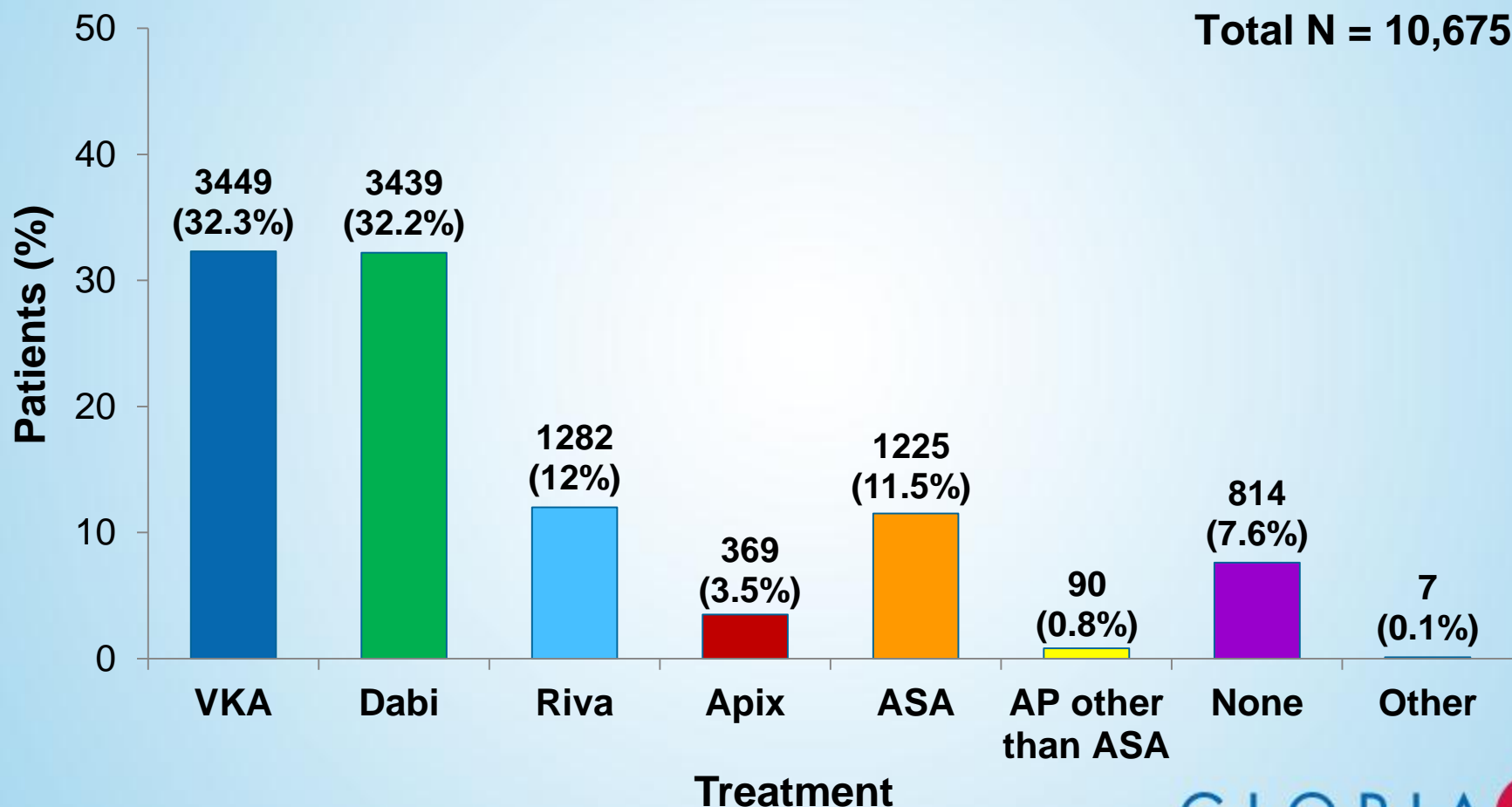
'Other' includes: Outpatient centers; Anticoagulation clinics and other)

# Types and Categorization of AF – All Regions





# Antithrombotic Treatment at Baseline – All Regions



AP, antiplatelet; ASA, acetylsalicylic acid., VKA, vitamin K antagonist

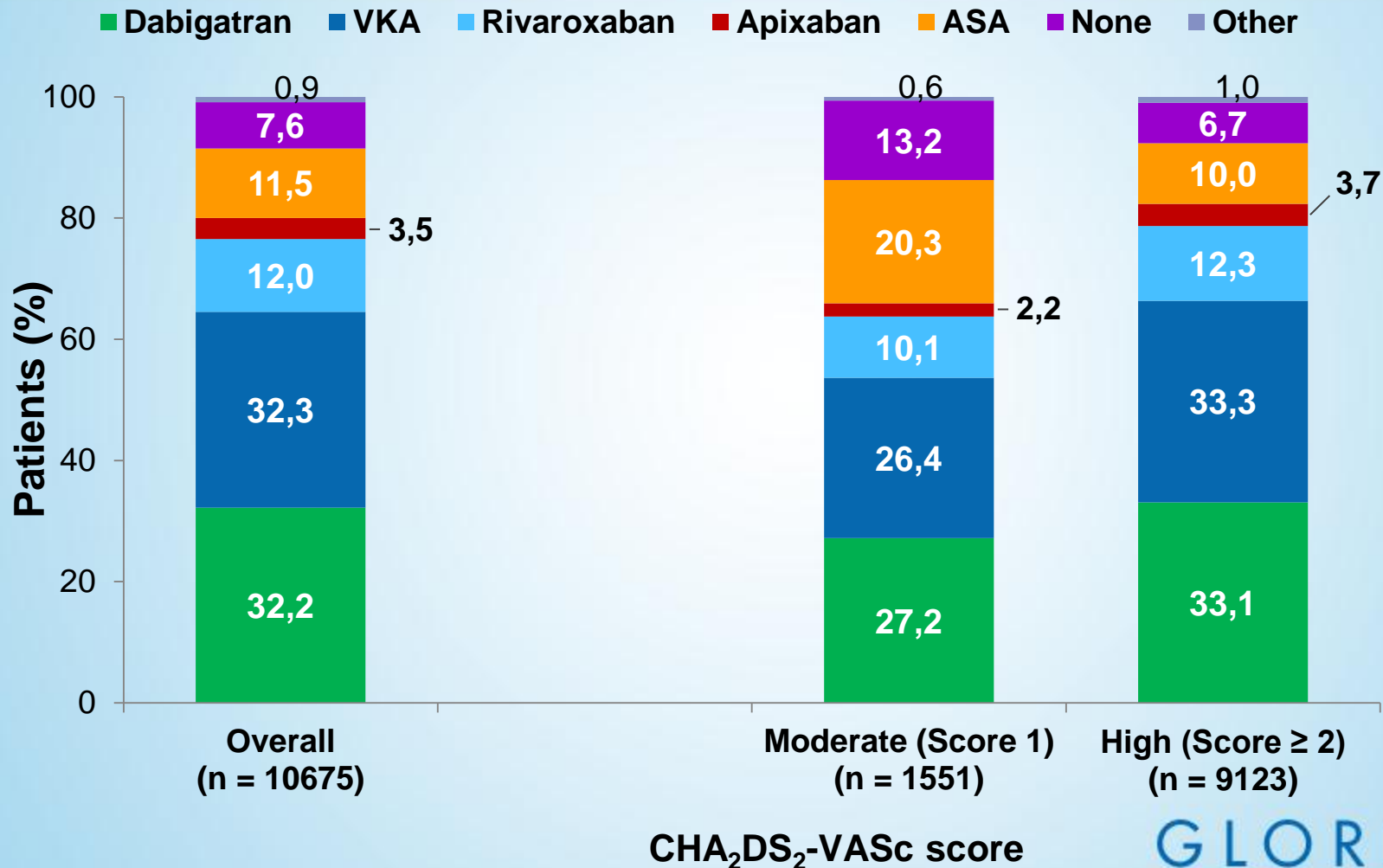


# Patient Demographics and Medical History – All Regions

	Total (N = 10675)
Age, median (IQR), years	71.0 (64.0, 78.0)
BMI, median (IQR), kg/m <sup>2</sup>	27.80 (24.70, 31.80)
Previous stroke, n (%)	999 (9.4)
Myocardial infarction, n (%)	1116 (10.5)
Coronary artery disease, n (%)	2195 (20.6)
Congestive heart failure, n (%)	2530 (23.7)
History of hypertension, n (%)	7993 (74.9)
Diabetes mellitus, n (%)	2454 (23.0)
<b>CHADS<sub>2</sub> score class</b> , n (%)	
Low (score = 0)	896 (8.4)
Moderate (score = 1)	3694 (34.6)
High (score ≥ 2)	6081 (57.0)
<b>CHA<sub>2</sub>DS<sub>2</sub>-VASc score class*</b> , n (%)	
Moderate (score = 1)	1551 (14.5)
High (score ≥ 2)	9123 (85.5)

BMI, body mass index; IQR, interquartile range.; \*According to eligibility criteria, patients had to have a CHA<sub>2</sub>DS<sub>2</sub>-VASc score ≥ 1 to be eligible for the study.

# Treatment by Stroke Risk – All Regions (CHA<sub>2</sub>DS<sub>2</sub>-VASc Score)



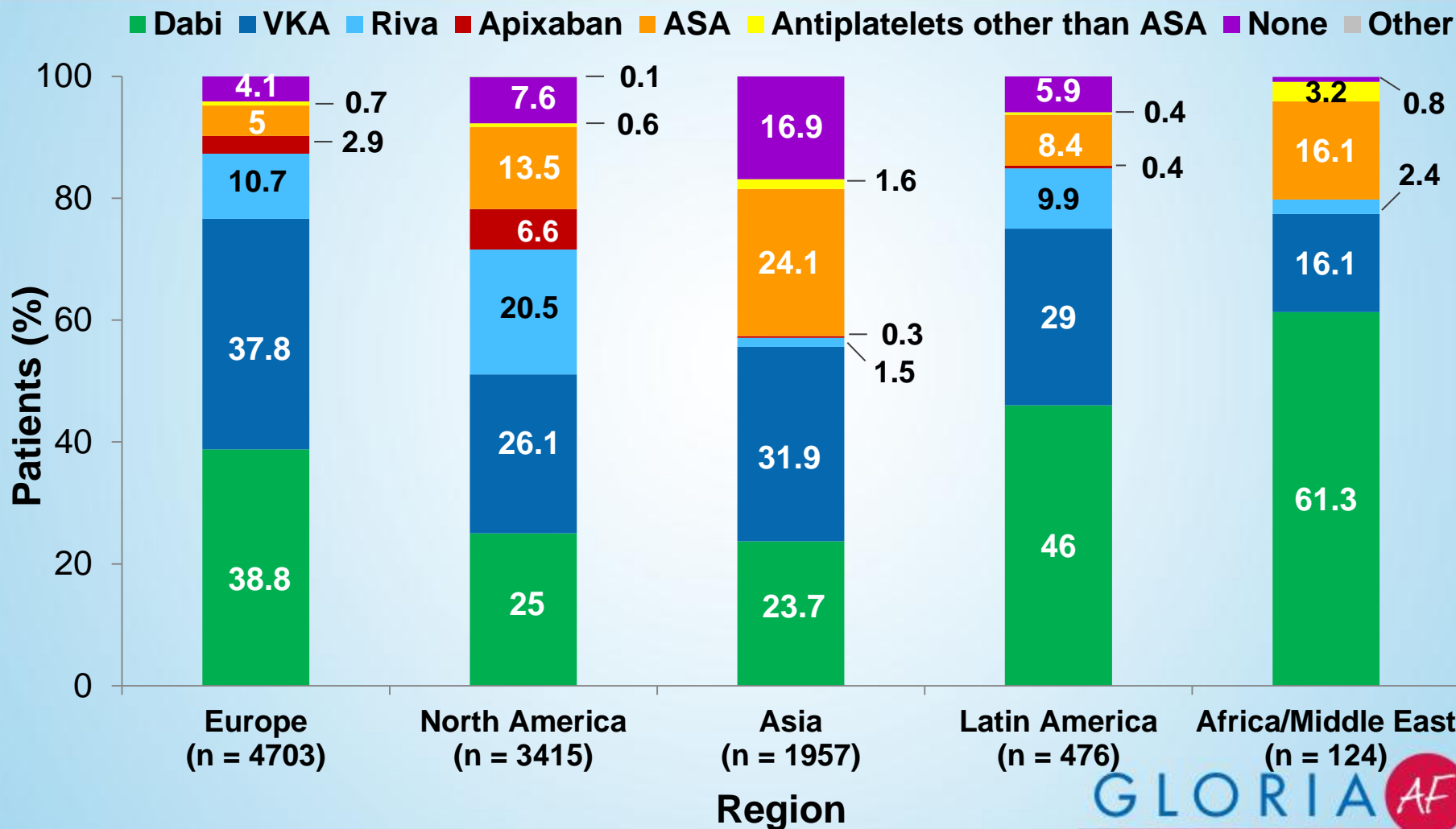
CHA<sub>2</sub>DS<sub>2</sub>-VASc score missing for one patient.

'Other' includes antiplatelets other than ASA and combination of oral anticoagulants.

GLORIA AF

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# Antithrombotic Treatment at Baseline – By Region



'Other' includes combination of oral anticoagulants.

# Conclusions

- Large interim analysis of baseline data from GLORIA-AF Phase II shows regional differences in treatment patterns of AF management for stroke prevention
- VKAs still widely used despite increasing use of NOACs in clinical practice
- In some regions (eg. NA and EU), there is increasing uptake of NOACs and preference over VKA
- Despite high stroke risk, high proportions of patients remain undertreated with ASA only, or receive no treatment; this is most pronounced in Asia but also prevalent in North America

# Acknowledgements

## Scientific Steering Committee

- MV Huisman, Leiden University Medical Center, The Netherlands (Chair)
- GYH Lip, University of Birmingham, UK (Co-Chair)
- HC Diener, Universitätsklinikum Essen, Germany
- SJ Dubner, Clinica y Maternidad Suizo, Argentina
- JL Halperin, Mount Sinai School of Medicine, USA
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