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#### Title

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**Permalink** https://escholarship.org/uc/item/7sn2g1pw

**Journal** American Journal of Kidney Diseases, 73(5)

**ISSN** 0272-6386

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#### **Publication Date**

2019-05-01

#### DOI

10.1053/j.ajkd.2019.03.354

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## **NKF 2019 Spring Clinical Meetings Abstracts**

AJKD

AJKD Vol 73 | Iss 5 | May 2019

### 352

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# ASSOCIATION OF CHA2DS2-VASC SCORE WITH DEATH AND STROKE EVENTS IN HD PATIENTS WITH ATRIAL

**FIBRILLATION:** <u>Karanveer Singh</u><sup>1</sup>, Antiem Bui<sup>2</sup>, Kamyar Kalantar-Zadeh<sup>1,2</sup>, Elani Streja<sup>1,2</sup>, John Sy<sup>2</sup>. <sup>1</sup>HSC, Orange, CA, United States; <sup>2</sup>VA Long Beach Healthcare System, Long Beach, CA, United States

Anticoagulation (AC) is indicated in some patients with atrial fibrillation (AF) for primary prevention of stroke. However, it is not clear if AC should be continued in AF patients who start dialysis due to the paucity of data and increased risk of death in dialysis patients. We examine the association of the CHA2DS2-VASc score with risk of death and stroke in AF patients who transition to dialysis.

We identified patients who initiated dialysis from Jan-Dec 2015, were enrolled in Medicare A/B >1yr prior to transition and had a primary diagnosis of AF within 1 yr prior to transition. AF, stroke, and comorbidities were identified using claims data and the CMS-2728 form. Patients were followed from dialysis initiation until death, transplant, or Dec 31, 2015 for stroke events. Incidence rates for death and stroke were determined for each score.

2,668 pts aged 76 yrs, 42% female, 12% African American, and 40% diabetic were included. 657 died and 36 stroke events occurred. Higher scores were associated with both higher stroke and mortality rates (Table, p for trend <0.001). Stroke risk appears lower among dialysis patients compared to non-dialysis AF patients for most scores.

Higher CHA2DS2-VASc scores were associated with poor outcomes and may be a better predictor of mortality compared to stroke. Given high mortality, studies are needed to assess risk of bleeding with AC vs stroke prevention among AF patients who transition to dialysis.

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