

NOAC Use in Daily Practice in Patients with Atrial Fibrillation –
Patients with Renal or Kidney Diseases

蘇正煌

馬偕醫院心血管中心

Atrial fibrillation (AFib) is the most common sustained arrhythmia in the general population. AF prevalence in the general population ranges from 1% to 8% depending on age and method of AF detection. Chronic kidney disease (CKD) is a frequently encountered comorbidity in patients with AFib. AFib and CKD share several common risk factors (e.g. hypertension, diabetes, pre-existing cardiovascular disease, metabolic syndrome). While a high prevalence of AFib has been demonstrated in ESRD (13% - 23%), there are limited data on the prevalence and correlates of AFib in less severe CKD (Stage III, IV, or V CKD), which is substantially more common than ESRD. Studies have also demonstrated increased mortality in CKD patients with AFib in those without it. There are reports demonstrating the increase in 2-year mortality following a stroke or transient ischemic attack in AFib patients with CKD.

In recent years, new oral anticoagulant drugs (NOAC) have been developed, and they have shown superiority over the classical anticoagulation with antivitamin K in preventing stroke, systemic embolism and bleeding risk. However, the current practice guidelines in managing antithrombotics in AFib with CKD are not well defined. As the usage of those novel anticoagulants in patients with AFib increases, it is important to understand the data available in regard to CKD patients.