

## RESEARCH SUMMARY

## Apixaban for Stroke Prevention in Subclinical Atrial Fibrillation

Healey JS et al. DOI: 10.1056/NEJMoa2310234

## CLINICAL PROBLEM

Subclinical atrial fibrillation is common among persons with implanted cardiac devices and is associated with an increased risk of stroke. Whether oral anticoagulation can lower this risk is unclear.

## CLINICAL TRIAL

**Design:** An international, double-blind, double-dummy, randomized trial assessed the efficacy and safety of apixaban, a direct-acting oral anticoagulant, among adults with episodes of subclinical atrial fibrillation lasting 6 minutes to 24 hours who had risk factors for stroke. Subclinical atrial fibrillation was detected by implanted devices.

**Intervention:** 4012 patients were randomly assigned to receive apixaban (5 mg twice daily [2.5 mg twice daily when indicated]) or aspirin (81 mg daily). If subclinical atrial fibrillation lasting >24 hours or clinical atrial fibrillation developed, the trial medication was stopped and anticoagulation was started. The primary efficacy outcome was a composite of stroke or systemic embolism; the primary safety outcome was major bleeding.

## RESULTS

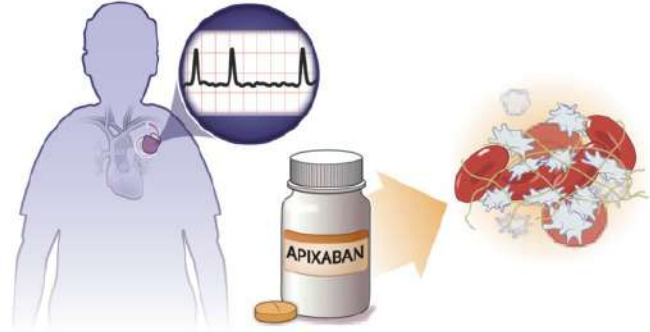
**Efficacy:** After a mean ( $\pm$ SD) follow-up of  $3.5 \pm 1.8$  years, stroke or systemic embolism occurred in fewer patients in the apixaban group than in the aspirin group.

**Safety:** Major bleeding events occurred more frequently in the apixaban group than in the aspirin group.

## LIMITATIONS AND REMAINING QUESTIONS

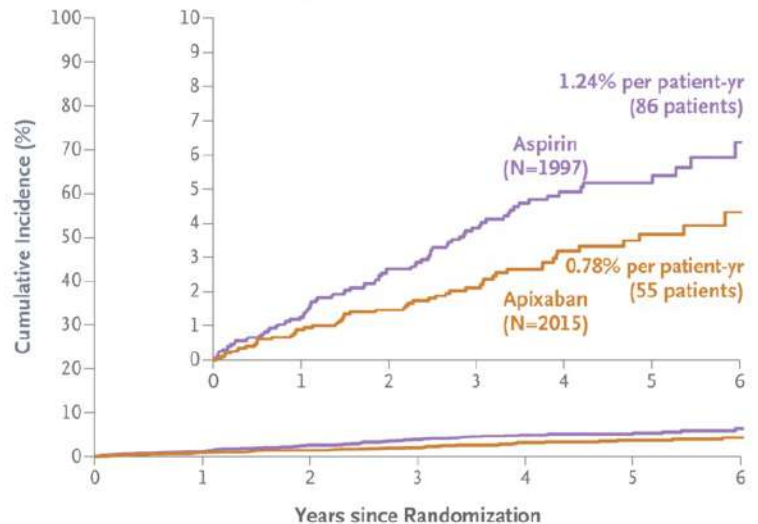
- The results of the trial apply only to patients who are already at increased risk for stroke and whose subclinical atrial fibrillation is detected by an implanted device.
- Only about a third of the patients were women.
- Whether the stroke events prevented outweigh the risk of bleeding events associated with oral anticoagulation (which are usually reversible) remains uncertain.

Links: [Full Article](#) | [NEJM Quick Take](#) | [Editorial](#)



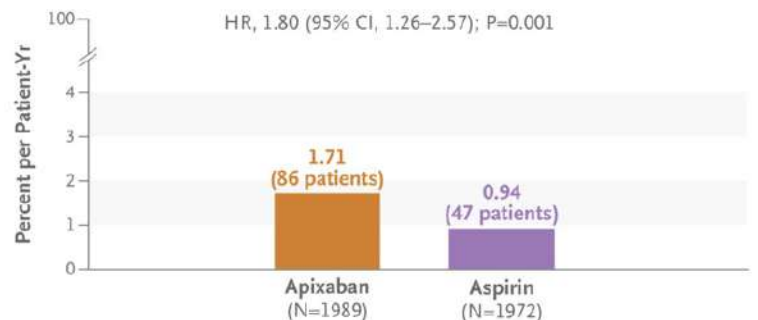
## Stroke or Systemic Embolism (Intention-to-Treat Population)

HR, 0.63 (95% CI, 0.45–0.88); P=0.007



## Major Bleeding (On-Treatment Population)

HR, 1.80 (95% CI, 1.26–2.57); P=0.001



## CONCLUSIONS

Among patients with subclinical atrial fibrillation, apixaban lowered the risk of stroke or systemic embolism but increased the risk of major bleeding.