History of liver disease does not impact efficacy of edoxaban

July 9 2019

(HealthDay)—For patients with atrial fibrillation (AF), the efficacy and

safety of edoxaban versus warfarin is not altered with a history of liver disease, according to a study published in the July 16 issue of the *Journal of the American College of Cardiology*.

Arman Qamar, M.D., M.P.H., from Brigham and Women's Hospital and Harvard Medical School in Boston, and colleagues compared edoxaban with warfarin in 21,105 patients with AF followed for 2.8 years (5.1 percent with a history of liver disease). Primary efficacy and safety end points were assessed and stratified by history of liver disease.

The researchers found that the adjusted risks for stroke or systemic embolic event (SSEE) were similar for patients without versus with liver disease (adjusted hazard ratio, 0.90; 95 percent confidence interval [CI], 0.67 to 1.22), but patients with liver disease more often had major bleeding (adjusted hazard ratio, 1.38; 95 percent CI, 1.10 to 1.74). Pharmacokinetic/pharmacodynamic assessment of edoxaban did not differ significantly for patients with versus without liver disease. For higher-dose edoxaban versus warfarin, the HRs for SSEE were 0.86 (95 percent CI, 0.73 to 1.01) and 1.11 (95 percent CI, 0.54 to 2.30) in patients without and with liver disease, respectively; for major bleeding, the corresponding HRs were 0.80 (95 percent CI, 0.70 to 0.91) and 0.91 (95 percent CI, 0.56 to 1.47).

"In the setting of high risk of bleeding in patients with liver disease, edoxaban should be preferred over warfarin for the prevention of stroke and bleeding in patients with AF and history of liver disease," the authors write.

Several authors disclosed financial ties to the pharmaceutical industry.

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