

Greater decline in renal function with warfarin in A-fib

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(HealthDay)—For patients with atrial fibrillation, decline in renal function is significantly greater with warfarin versus dabigatran etexilate (DE), according to a study published in the June 16 issue of the *Journal of the American College of Cardiology*.

Michael Böhm, M.D., from the Universitätsklinikum des Saarlandes in Homburg, Germany, and colleagues examined changes in [glomerular filtration rate](#) (GFR) during long-term treatment with [warfarin](#) or DE in 18,113 patients enrolled in the Randomized Evaluation of Long Term Anticoagulation Therapy trial. Participants were randomized to DE (110 mg or 150 mg twice daily) or warfarin and followed for up to 30 months.

The researchers observed a decrease in GFR in all treatment groups. The

mean decline in GFR was significantly greater with warfarin (−3.68 ml/min) versus DE 110 mg (−2.57 ml/min; P = 0.0009 versus warfarin) or DE 150 mg (−2.46 ml/min; P = 0.0002 versus warfarin), after an average of 30 months. In the observation period >18 months, the likelihood of a decrease in GFR >25 percent was lower with DE 110 mg (hazard ratio, 0.81; P = 0.017) or DE 150 mg (hazard ratio, 0.79; P = 0.0056) versus warfarin. The decline in GFR was more pronounced with previous warfarin use and presence of diabetes.

"Patients with [atrial fibrillation](#) receiving [oral anticoagulation](#) exhibited a decline in [renal function](#) that was greater in those taking warfarin versus DE, and it was amplified by diabetes and previous vitamin K antagonist use," the authors write.

Several authors disclosed financial ties to the pharmaceutical industry.

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