Dyspepsia and Disease Burden Among Patients with Atrial Fibrillation (AF)

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INTRODUCTION

- Atrial fibrillation (AF) is a disorder of atrial contractility that affects up to 1% of the general population in the United States. Patients with AF are highly likely to have comorbidities, including gastrointestinal conditions, which may affect health-related quality of life (QoL) and adherence to anticoagulant therapy.
- Due to compliance issues, agents causing lower rates of dyspepsia may be preferred by AF patients. Given the prevalence and burden of dyspepsia in AF patients, physicians need to take into account when considering appropriate therapy.

METHODS

Study Design

- This study was conducted using the 2011–2012 panel of the National Health and Wellness Survey (NHWS) of the United States, which contains data from 15,594 US adults (age ≥18 years) who were randomly selected from a national sample of adults aged 18–64 years. It is stratified by gender, age, and self-reported income and represents the demographic composition of the US adult population.
- The NHWS panel reported being diagnosed with AF and those included in the analysis.

Study Measures

- Demographics: Age, sex, race/ethnicity, education, income, body mass index
- Pain dyspepsia: Oesophageal pain, heartburn, gastric pain, dyspepsia
- RAU: Number of prescription medications
- Charlson Comorbidity Index: Comprises 5 components: diagnosed congestive heart failure, hypertension, diabetes mellitus, liver disease, lung disease, and peripheral vascular disease
- Work productivity: The Work Productivity and Activity Impairment (WPAI) questionnaire
- Health-related quality of life: The Physical Component Summary (PCS) and Mental Component Summary (MCS) scores of the SF-36 Health Survey, which are normed to the population (mean ± standard deviation [SD] = 50 ± 10)
- Activities of daily living: Activities requiring higher levels of strength and skill

RESULTS

- Dyspepsia was associated with significantly lower levels of both PCS (b=–2.57; P<0.05) and MCS (b=–2.25; P<0.05) scores, significantly fewer AF patients with dyspepsia than those without dyspepsia were taking either a prescription medication or RAU (RR=1.68; P<0.05) and had higher CHADS2 score (1.9 vs 1.6; RR=1.09; P<0.05). Afibrillators with dyspepsia were younger (62.9 vs 66.0 years, P<0.05) and in those with CHADS2 ≥2 (3.0 vs 2.5, P=0.04) and more likely to be admitted to hospital and have higher CHADS2 scores, significantly more ER visits and hospitalizations, and significantly more medication use (P<0.05). An increased risk of dyspepsia was associated with a Charlson Comorbidity Index score ≥2 (RR=1.36; 95% CI=1.10–1.69; P<0.01), and activity impairment (RR=1.24, 95% CI=1.00–1.54; P<0.05).

CONCLUSIONS

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DISCLOSURES

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