

Warfarin lowers mortality in kidney transplant recipients with atrial fibrillation

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Introduction

Warfarin is known to improve survival in patients with atrial fibrillation. However, there is a lack of evidence in kidney transplant recipients.

Methods

The ALERT study included stable patients with a at a mean time of 4,5 years after transplantation. We identified those with a diagnosis of atrial fibrillation at baseline. Association between use of warfarin at baseline and long term survival was investigated in a Cox regression, adjusted for age, smoking, coronary heart disease and diabetes.

Results

During a median follow-up of 6.7 years, there were 23 deaths.

After adjusting for potential confounders, use of warfarin was associated with lower all cause mortality (HR 0.35, 95% CI 0.13-0.96, p=0.04)

Category	Unadjusted Hazard ratio	Adjusted Hazard ratio	95% CI	p-value
Warfarin	0.8	0.35	0.13, 0.96	0.04
Age	1.1	1.1	1.0, 1.1	0.005
Smoking	1.8	3.1	0.95, 10.1	0.06
Coronary heart disease	3.1	4.7	1.4, 16.0	0.01
Diabetes mellitus	2.1	1.9	0.7, 5.3	0.25

Conclusion

In kidney transplant recipients with atrial fibrillation and lack of contraindications, use of warfarin should be encouraged.

