Introduction: Current guidelines recommend using novel oral anticoagulants (NOACs) to prevent thromboembolism in atrial fibrillation (AF) patients; however, the actual use of NOACs in clinical practice hasn’t been well studied. In this study, we focus on AF patients with heart failure (HF) as it’s one of the most common co-morbidities and recent meta-analysis shows more efficacy and safety profile of NOACs over warfarin in this subgroup.

Methods: In this cross-sectional, descriptive study, we enrolled patients with diagnosis of acute HF with concomitant AF who were discharged alive from a single center tertiary care hospital from July 2017 to March 2018. We determined the patient’s oral anticoagulant (OAC) need based on CHA2DS2VASc score. Among those who needed, we examined whether they were eligible to NOACs use (not end-stage renal disease or liver cirrhosis) and which OAC they received at discharge. Data were presented in mean, SD and percentage.

Result: From 185 patients who were discharged with HF, a total of 64 patients have HF concomitant with AF (53.1% male, 40.6% HFrEF and a mean age of 69.1 years old). Based on CHA2DS2VASc score, OAC was indicated in 58 patients in which 94.8% were eligible for NOACs. Among these patients, 7.3%, 56.4% and 36.4% were prescribed NOACs, warfarin, and no OAC, respectively (Figure 1).

Conclusion: According to guideline-based recommendation, almost all of HF with AF patients are eligible for NOACs; however, less than one tenth of them are prescribed NOACs.