

IMPACT OF ATRIAL FIBRILLATION DIAGNOSIS OR CAROTID ENDARTERECTOMY REQUIREMENT ON OUTCOME IN PATIENTS FROM THE TRIPLE ANTIPLATELETS FOR REDUCING DEPENDENCY AFTER ISCHAEMIC STROKE (TARDIS) TRIAL

Lisa J Woodhouse¹, Jason P Appleton¹, Katie Flaherty¹, Rob Dineen¹, Nikola Sprigg¹, Philip M Bath¹; for the TARDIS Investigators

¹University of Nottingham, Nottingham, UK

Background: Carotid stenosis and atrial fibrillation (AF) are common causes of ischaemic stroke (IS) and transient ischaemic attack (TIA), and require carotid endarterectomy (CEA) and anticoagulation respectively to reduce recurrence risk. We assessed whether these interventions improve outcome using data from the TARDIS trial.

Method: TARDIS assessed one month of intensive antiplatelet therapy versus guideline in 3,096 patients with acute non-cardioembolic IS or TIA. Information regarding CEA requirement, AF diagnosis, recurrence and functional outcome was assessed centrally blinded to treatment assignment. Data are unadjusted odds ratio (OR) or mean difference (MD) with 95% confidence interval (CI) relative to no AF/CEA.

Results: 118 patients were diagnosed with AF and 84 required a CEA. In comparison with others, AF and CEA patients were older (4.2 and 2.4 years respectively) and AF patients were more likely to have been enrolled with stroke than TIA ($p < 0.001$). AF patients were more likely to have a stroke/TIA recurrence (OR 2.31, 95% CI 1.30-4.10; 7 before diagnosis, 9 afterwards), and have a shift to more dependency (modified Rankin Scale, OR 1.50, 95% CI 1.07-2.10) and disability (Barthel Index, MD -6.5, 95% CI -10.0 to -3.1). Outcomes of CEA patients were not significantly different from patients who did not require CEA.

Conclusion: Recurrence was more common in patients with AF than in other TARDIS patients; patients with AF also had worse functional outcomes. There was no difference in recurrence or functional outcomes between patients who did and did not require CEA.

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