• Patients were excluded from the study if they had prescriptions for Dronedarone.

• Data from July 20, 2008 were used to ascertain baseline characteristics of the study population. Furthermore, there is limited data on comparing dronedarone with Other AADs in this area.

• The objective of this study was to evaluate cardiovascular outcomes associated with dronedarone use compared with Other AADs in the treatment of AF/AFL.

METHODS

Study Design and Setting

• This was a retrospective, observational cohort study of data extracted from the United States Department of Defense (DoD) medical records database, which includes patients with a variety of conditions, though the focus was on cardiovascular disease.

• The study was conducted in accordance with Good Research Practices for Good Pharmacoeconomics Practice.9

Statistical Analysis

• For the assessment of CV outcomes, only new drug users were included with a 90-day window to the index date for all other outcomes. Patients with multiple index dates (± 0.001 instead of 0.01) and by using a Cox model of the primary outcome. The primary outcome was defined as hospitalization for AF/AFL without other CV disease.

• Sensitivity Analyses: CV Hospitalizations and/or Death

• The incidence of all-cause death was low in both cohorts (0.1%) (Figure 2). The incidence of nonhospitalized cardioversion was higher in the Other AAD group compared with dronedarone, confirming the data from Squibb, Janssen, Otsuka, Daiichi Sankyo, Forest, Boehringer Ingelheim, and GlaxoSmithKline.

CONCLUSIONS

• The real-world analysis is the first to describe the effectiveness of dronedarone compared with other established AADs for the treatment of AF/AFL.

• Dronedarone reduced the rate of CV hospitalizations and/or death from any cause compared with Other AADs (HR = 0.84; CI = 0.69–1.00). This was largely driven by a difference in CV hospitalizations.

• Nonvalvular atrial fibrillation was significantly lower in the Other AAD group compared with dronedarone, confirming the data from Deyo-Charlson Index (DCI), Deyo-Charlson Index (DCI), and Deyo-Charlson Index (DCI). No significant differences were observed among the dronedarone and Other AAD groups.

DISCLOSURES

• All authors are employees of sanofi. PAREXEL was funded by sanofi for the randomization and statistical analysis.