

# Fracture risks among patients with atrial fibrillation receiving different oral anticoagulants: a real-world nationwide cohort study

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CLINICAL RESEARCH  
Atrial fibrillation

## Fracture risks among patients with atrial fibrillation receiving different oral anticoagulants: a real-world nationwide cohort study

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### 研究目的:

比較傳統口服抗凝血劑(warfarin)和新型口服抗凝血劑(NOAC)，在心房顫動病患中，對於骨折風險之影響。

### 研究方法與結果:

使用台灣全人口健保資料庫，納入 2012-2016 年新發生的心房顫動病患，依照使用口服抗凝血劑的種類，分為 NOAC 和 warfarin 族群。NOAC 族群再依照使用之藥物分為 dabigatran, rivaroxaban, apixaban 三個子族群。分析後發現與傳統的 warfarin 相比，NOAC 類新型藥物

有較低的骨折風險，校正後風險比例 hazard ratio (HR) = 0.84 (95% confidence interval = 0.77–0.93; P < 0.001)。次族群分析中發現三種 NOACs (dabigatran, rivaroxaban, apixaban) 相較於 warfarin，皆有較低的骨折風險。執行多種敏感性分析後，也皆得到相同的分析結果。

### 結論:

與傳統的 warfarin 相比，使用新型口服抗凝血劑 NOAC，在心房顫動病患，有較低的骨折風險。因此若心房顫動經評估後需使用口服抗凝血劑治療，使用 NOAC 被認為能降低骨折風險。然而，未來仍需要進一步研究，來探索背後的病生理及藥理機轉，並釐清因果關係是否存在。


本研究刊登後，European Heart Journal 期刊特別針對此研究發現，刊登 EDITORIAL 討論該議題，詳見: <https://doi.org/10.1093/eurheartj/ehaa077>



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EDITORIAL

## Vitamin K antagonists and osteoporotic fractures: insights from comparisons with the NOACs

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namely prothrombin (factor II), factor (F) VII, IX, X; and the anti-coagulant proteins C, S, and Z. Inhibition of FII, VII, IX and X accounts for the anticoagulant action of VKAs.

In addition to being the cofactor of coagulation factors, vitamin K is also, however, the cofactor of other proteins discovered much later,

European Heart Journal 主編 Dr. Luscher 並於其發表的短文 Challenges in atrial fibrillation: detection, alert systems, fibrosis, and infection 中，描述我們團隊的研究發現  
詳見: <https://doi.org/10.1093/eurheartj/ehaa153>

隨後因有讀者投書 *European Heart Journal* 的 DISCUSSION FORUM，針對髖骨骨折的分析結果及相關研究做討論。我們團隊亦被邀請加入討論，並根據目前現有證據，進一步針對髖骨骨折執行統合分析，並將統合分析結果以短文 DISCUSSION FORUM 的方式，再刊登於 *European Heart Journal*。

詳見: <https://doi.org/10.1093/eurheartj/ehaa361>

## Hip fracture risk in patients with atrial fibrillation receiving oral anticoagulants: a meta-analysis based on current observational studies

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