Compared with prevalent AF and no AF, patients with incident AF had more hospitalizations ($38,700; 37,597; 36,843; $p < 0.0001). Across all categories, charges were greater after diagnosis of any AF ($1,380; 1,322; 1,272; $p < 0.0001).

**RESULTS**

- **Symphony medical and pharmacy claims data were assessed from 2016 to 2021 by JVF (2019-21) sold patients with soHCM in the USA.
- We defined symptoms as fatigue, chest pain, syncope, dyspnea, heart failure, or palpitations within 3 months of index date.
- Patients were required to receiving soHCM pharmacotherapy (beta-blockers, calcium channel blockers, or disopyramide) or to have had a procedure for soHCM (ablation, septal reduction therapy, pacemaker, or implantable cardioverter-defibrillator).
- Patients were grouped based on AF diagnosis: Prevalent AF (diagnosis of AF in the period from 12 months prior to index treatment date to 1 month post index treatment date); Incident AF (diagnosis of AF in the period from 1 month post index treatment date to the end of follow-up); No AF: No diagnosis in the period from 12 months prior to index treatment date to the end of follow-up.

**Symptomatic Obstructive Hypertrophic Cardiomyopathy: Real-World Analysis of 2016–2021 Claims Data**

**BACKGROUND**

- AT and AF are common among patients with symptomatic obstructive hypertrophic cardiomyopathy (soHCM). Prevalent AF and incident AF as healthcare charges is not well studied.

**OBJECTIVES**

- To assess HCRU and charges (per-person-per-year [PPPY], in US$) for patients with vs without confirmed AF.

**METHODS**

- The study was approved by an institutional review board of each local organization.
- Data from this study were deidentified and analyzed anonymously, and all analyses were conducted according to the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) guidelines for observational research; there was no institutional or organizational support for this study.
- Data were deidentified and analyzed anonymously, and all analyses were conducted according to the STROBE guidelines for observational research; there was no institutional or organizational support for this study.

**RESULTS**

- **Prevalent AF**: diagnosis of AF in the period from 12 months prior to index treatment date to 1 month post index treatment date.
- **Incident AF**: diagnosis of AF in the period from 1 month post index treatment date to the end of follow-up.
- **No AF**: No diagnosis in the period from 12 months prior to index treatment date to the end of follow-up.

**Unadjusted all-cause HCRU and charges (PPPY, in US$) were reported for the following categories: hospitalizations, outpatient (OP), emergency room, and urgent care visits, and pharmacy use.**

**LIMITATIONS**

- These analyses are not adjusted for age, sex, or any other comorbidities.