CI 0.06, 0.19; \( p < 0.001 \); HF power; beta 8.04; CI 2.3, 13.8; \( p = 0.006 \); LF power beta 9.86; CI 4.7, 17.0; \( p < 0.012 \); total PSD beta 25.40; CI 8.8, 43.4; \( p = 0.008 \).

**Conclusion** Carotid arterial stiffness in older age is associated with reduced HRV independent of early carotid atherosclerosis (cIMT), hypertension or stroke, potentially through an impaired baroreceptor response. As loss of carotid distensibility can be prevented and loss of HRV predicts cardiovascular mortality, public health policies should implement more and earlier cardiovascular health interventions to maintain carotid distensibility, with HRV as a marker of disease progression.

**Conflict of Interest** None
Conclusions
Liver fibrosis, but not steatosis, was associated with more adverse cardiovascular health in young adults once known confounders such as adiposity were accounted for. Further follow up of this and similar cohorts will be important to determine whether cardiovascular health worsens over time in those with steatosis alone, once accounting for other cardio-vascular risk factors.

Conflict of Interest
None

Abstract Withdrawn

EDOXABAN VERSUS WARFARIN ON STROKE RISK IN PATIENTS WITH ATRIAL FIBRILLATION: A TERRITORY-WIDE COHORT STUDY

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Background
In this territory-wide, observational, propensity score-matched cohort study, we evaluate the development of transient ischaemic attack and ischaemic stroke (TIA/Ischaemic stroke) in patients with AF treated with edoxaban or warfarin.

Methods
This was an observational, territory-wide cohort study of patients between January 1st, 2016 and December 31st, 2019, in Hong Kong. The inclusion were patients with i) atrial fibrillation, and ii) edoxaban or warfarin prescription. 1:2 propensity score matching was performed between edoxaban and warfarin users. Univariate Cox regression identifies significant risk predictors of the primary, secondary and safety outcomes. Hazard ratios (HRs) with corresponding 95% confidence interval [CI] and p values were reported.

Results
This cohort included 3464 patients (54.18% males, median baseline age: 72 years old, IQR: 63-80, max: 100 years old), 664 (19.17%) with edoxaban use and 2800 (80.83%) with warfarin use. After a median follow-up of 606 days (IQR: 306-1044, max: 1520 days), 91 (incidence rate: 2.62%) developed TIA/ischaemic stroke: 1.51% (10/664) in the edoxaban group and 2.89% (81/2800) in the warfarin group. Edoxaban was associated with a lower risk of TIA or ischemic stroke when compared to warfarin (figure 2).