ACC.15
TCT@ACC-i2 | innovation in intervention

A351
JACC March 17, 2015
Volume 65, Issue 10S

Arrhythmias and Clinical EP

DOES ANTIPLATELET THERAPY INCREASE THE BLEEDING EVENTS AMONG PATIENTS WITH NON-VITAMIN K ANTAGONIST ORAL ANTICOAGULANT IN REAL WORLD?

Poster Contributions
Poster Hall B1
Saturday, March 14, 2015, 3:45 p.m.-4:30 p.m.

Session Title: Anticoagulation for Atrial Fibrillation: How Are We Doing?
Abstract Category: 4. Arrhythmias and Clinical EP: AF/SVT
Presentation Number: 1148-251

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Background: Recently a considerable number of patients have Non-vitamin K antagonist oral anticoagulant (NOAC) for Atrial fibrillation (AF). Some AF patients have NOAC concurrent antiplatelet therapy for atherosclerosis. However there are few reports about bleeding events among NOAC patients with concurrent antiplatelet therapy in real world.

Methods: We examined a consecutive retrospective anticoagulant database April 2011 till August 2014 at a single tertiary referral center. A consecutive cohort of 1585 patients (1025 were men, mean age was 70±11 years, mean BMI was 23.5, Paroxysmal AF 65%, Persistent AF 13.8%, Long standing persistent AF 21%, mean creatinine clearance was 76.6ml/min, mean CHADS score was 1.7 point, mean HASBLED score was 1.1 point, Dabigatran N=1122, Ribaroxaban N=266, Apixaban N=197) was studied. Clinical characteristics, bleeding events and outcomes were analyzed. We categorized bleeding events by Bleeding Academic Research Consortium (BARC) definition and consider above type 3 bleeding events as clinically severe.

Results: All BARC types of bleeding event rate were 6.42% (72/1122) in Dabigatran, 5.64% (15/266) in Ribaroxaban, and 3.55% (7/197) in Apixaban respectively. There was a significant difference between Dabigatran monotherapy and Dabigatran with antiplatelet therapy (5.79% (55/950) vs 9.88% (17/172): p=0.04), while not in the other NOAC (Rivaroxaban: 5.76% (14/243) vs 4.35% (1/23), Apixaban: 3.43% (6/175) vs 4.55% (1/22)). However there was no difference between all NOAC and NOAC with antiplatelet therapy in severe bleeding events (p=0.41, p=0.66, p=0.21).

Conclusion: Dabigatran with antiplatelet therapy increases the bleeding events compared to Dabigatran monotherapy. However no difference was seen in all NOAC about severe bleeding events.