



Heart Failure

WARFARIN VERSUS ASPIRIN FOR PREVENTION OF STROKE IN HEART FAILURE: A META-ANALYSIS

Moderated Poster Contributions

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Background: Heart failure (HF) is associated with a high incidence of stroke. The role of warfarin or aspirin in reducing this burden remains unclear.

Methodology: We searched MEDLINE (1966 - 10/2012), WEB OF SCIENCE (1980 - 10/2012), The Cochrane Library (Central and Dare) (Issue 10, 2012). We also searched BIOSIS (1969 - 2010) for studies presented at various meetings. On going trials were searched for at clinicaltrials.gov. Randomized controlled trails (RCT's) comparing warfarin with aspirin in adults with HF, with treatment duration of at least one month were included. Two authors independently assessed trials for inclusion.

Results: The four RCTs, that met the inclusion criteria were the WARCEF (2012), WATCH (2009), HELAS (2006) and WASH trials (2004). The meta-analysis showed that risk of ischemic stroke was reduced significantly with the use of warfarin as compared to aspirin (OR 0.49, 95% CI 0.33 - 0.72) (Figure). Warfarin did not seem to reduce all-cause mortality (OR 1.01, 95% CI 0.86 - 1.19) and the risk of myocardial infarction (OR 0.83, 95% CI 0.52 - 1.34). The risk of hemorrhage was increased with use of warfarin compared to aspirin (OR 2.02, 95% CI 1.46 - 2.79).

Conclusion: Warfarin reduces the risk of stroke, but does not appear to decrease mortality or myocardial infarction in patients with HF when compared to aspirin. Despite multiple clinical trials, the role of warfarin in HF remains to be defined.

