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Proširen apstrakt

Efficacy and safety of thromboprophylaxis with combined anticoagulant and anti platelet therapy versus anticoagulant monotherapy in patients with atrial fibrillation

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Introduction

Although no additional benefit has been shown for combined antiplatelet and vitamin K antagonists (VKA) therapy in stroke prevention in atrial fibrillation (AF), certain number of patients has comorbidities, including cerebrovascular and coronary heart disease, that require concomitant use of antiplatelet agents, which therefore raises the questions of efficacy and safety of such therapeutic approach.

Aim

The aim was to compare the occurrence of bleeding and thromboembolic (TE) events in patients using combined VKA and antiplatelet therapy versus VKA monotherapy and investigate its connection with age.

Method

A retrospective study was conducted on a sample of 657 patients with AF, treated with VKA for at least 3 months at the Anticoagulation Clinic of the Department of Thrombosis, Haemostasis and Haematology Diagnostics at the Clinical Centre of Vojvodina. Efficacy outcomes were stroke, venous and systemic thromboembolism, while safety outcomes were all types of bleeding. Time in therapeutic range (TTR) was calculated using the method of linear interpolation by Rosendaal. Statistical analysis was performed with $\chi 2$ test of independence and Student's t-test.

Results

The average TTR was 52,71%, and showed no significant difference between the group with VKA monotherapy and combined therapy (52,18% vs. 53,66%, p=0,284). The registered number of bleedings was 113 (7,6% per patient-year - PPY), predominantly gastrointestinal - 28 (24,78%; 1,88% PPY), and of TE events 12 (0,81% PPY), mostly ischaemic stroke - 6 (50%; 0,4% PPY). Concomitant use of antiplatelet drugs significantly increased the occurrence of bleeding events (7,35% vs. 7,96%, p=0,007), while rates of TE events showed no significant difference in the observed groups (0,91% vs. 0,66%; p=0,633). No significant relation was found between patients' age, bleeding and TE rates in any group.

Conclusion

Combined use of VKA and antiplatelet agents tends to increase the occurrence of bleeding events, without the effect on TE rates. Age showed no significant connection with rates of efficacy and safety outcomes.