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How to Manage Atrial Fibrillation in Patients Who Are at a High Bleeding Risk

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Outline

- I. Bleeding Risk Factors/Assessing Risk
 - a. What are the risk factors associated with bleeding on anticoagulants or antiplatelets
 - b. Risk assessment tools available and when to use
- II. Bleeding risks of agents used to prevent stroke and systemic embolism
 - a. Aspirin and clopidogrel
 - b. Warfarin
 - c. Direct oral anticoagulants
- III. Management Strategy
 - a. Assessment of stroke vs. bleed risk
 - b. Patient preferences/experiences
 - c. Assessment of available agents/choosing an agent
 - d. Monitoring and follow up

Key Points

Bleeding Risk Factors/Assessments

- Common risk factors for bleeding include advanced age, heart failure, diabetes, renal and hepatic disease, diabetes, cerebrovascular disease, prior bleeding even, and anemia.
- Tools used to predict anticoagulant-associated hemorrhage were developed in patients taking vitamin K antagonists and it is not clear whether they can be applied to direct oral anticoagulants or antiplatelets. In addition, risk prediction models were developed in varied populations/settings.
- HEMORR2HAGES, HAS-BLED, and ATRIA risk score are specific to the atrial fibrillation population.

Bleeding Risks with Antiplatelet/Anticoagulation in Afib

- VKA treatment in atrial fibrillation increases the risk of major bleeding by 0.3–0.5 % per year.
- Large Phase III clinical trials of direct acting oral anticoagulants have shown similar rates of major bleed with dabigatran and rivaroxaban vs. warfarin. Both apixaban and edoxaban demonstrated lower rates of major bleed vs. warfarin in trials.
- Dual antiplatelet therapy with aspirin and clopidogrel in patients with atrial fibrillation results in similar bleed risk compared to warfarin, however provides inferior stroke prevention.

Management Strategy

- Before initiation of anticoagulation to prevent stroke from atrial fibrillation adequate stroke and bleed risk assessment should be completed.
- Consider patient past anticoagulant experience, preferences, adherence, and ability to follow up when choosing an agent.

References

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