

Effectiveness of anticoagulants compared for valvular A-fib

March 30 2021



(HealthDay)—For patients who are new to therapy for valvular atrial

fibrillation (AF), direct oral anticoagulants (DOACs) as a class are effective and safe compared with warfarin, with some variability among individual DOACs, according to a study published online March 30 in the *Annals of Internal Medicine*.

Ghadeer K. Dawwas, Ph.D., from the University of Pennsylvania in Philadelphia, and colleagues examined the effectiveness and safety of DOACs compared to warfarin in a population-based cohort study involving 56,336 patients with valvular AF matched on propensity score. A composite outcome of ischemic stroke or [systemic embolism](#) was assessed as the primary effectiveness outcome, while the primary safety outcome was a composite of intracranial or [gastrointestinal bleeding](#).

The researchers found that use of DOACs versus warfarin was associated with a [lower risk](#) for ischemic stroke or systemic embolism and major bleeding events (hazard ratios [95 percent confidence intervals], 0.64 [0.59 to 0.70] and 0.67 [0.63 to 0.72], respectively). These results were consistent for apixaban (hazard ratios [95 percent confidence intervals], 0.54 [0.47 to 0.61] and 0.52 [0.47 to 0.57], respectively) and for rivaroxaban (hazard ratios [95 percent confidence intervals], 0.74 [0.64 to 0.86] and 0.87 [0.79 to 0.96], respectively); for dabigatran, the results were not significant for effectiveness (hazard ratio, 1.03; 95 percent confidence interval, 0.81 to 1.31) but were significant for the major bleeding outcome (hazard ratio, 0.81; 95 percent [confidence](#) interval, 0.68 to 0.97).

"These real-world data suggest that patients with valvular AF who were new users of DOACs had a lower rate of [ischemic stroke](#) or systemic embolism and major bleeding than new users of warfarin," the authors write. "These data should guide anticoagulant choices for patients with valvular AF."

Several authors disclosed financial ties to the pharmaceutical industry.

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Citation: Effectiveness of anticoagulants compared for valvular A-fib (2021, March 30) retrieved 12 June 2024 from

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