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A real-world study of the risk of major gastrointestinal bleeding in new direct oral anticoagulants users

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Background/Aims: Gastrointestinal bleeding(GIB) has been shown to be associated with the use of DOACs, and the risk of major gastrointestinal bleeding(MGIB) should be taken seriously because it is clearly associated with drug-related mortality. Previous studies on the risk of GIB from early direct oral anticoagulants (DOACs) have been mixed. However, with the widespread use of DOACs in the clinic, and the emergence of new types of DOACs, the relevance of DOACs to MGIB in the real world deserves further investigation.

Methods: We collected GIB risk data for 4153 patients with all new DOACs and warfarin from 3 centers between January 2017 and December 2023. Exclusion criteria were subjects with a prior history of MGIB or taking both drugs.

Results: Overall, new DOACs users had a higher risk of developing MGIB than new warfarin users (hazard ratio [HR], 1.63; 95% confidence interval [CI], 1.30 to 1.99; $P < 0.0001$). The risk was positively correlated with age > 75 years, dosage, and frequency of medication. In addition, we also analyzed the risk between different drugs. Patients treated with dabigatran, rivaroxaban, and warfarin were compared and found to be at risk of gastrointestinal bleeding in order of 8.97% / year, 4.01% / year and 6.93% / year, respectively. There was no significant gender difference in the risk of MGIB between drugs.

Conclusions: In the real world, new DOAC users had a higher risk of MGIB than new warfarin users, and the risk increased with age and dosage.

Keywords: real-world study, gastrointestinal bleeding, oral anticoagulants

Biography

Guo Kai, male, born in Sichuan Province, born in 1983.9.21, bachelor degree, engaged in the department of gastroenterology, the main research direction of gastrointestinal direction.

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