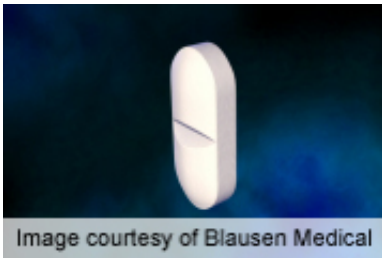


# Newer anticoagulants linked to gastrointestinal bleeding

July 19 2013

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Patients taking the new generation of oral anticoagulants appear to have a higher risk of gastrointestinal bleeding compared with standard care, particularly when treated for venous thrombosis or acute coronary syndrome, according to a review published in the July issue of *Gastroenterology*.

(HealthDay)—Patients taking the new generation of oral anticoagulants appear to have a higher risk of gastrointestinal bleeding compared with standard care, particularly when treated for venous thrombosis or acute coronary syndrome, according to a review published in the July issue of *Gastroenterology*.

I. Lisanne Holster, M.D., from the Erasmus MC University Medical Centre in Rotterdam, Netherlands, and colleagues identified and performed a systematic review and meta-analysis of 43 published randomized controlled trials involving 151,578 patients comparing the risk of [gastrointestinal bleeding](#) after treatment with the new generation of oral anticoagulants or standard care.

The researchers found that, although the overall risk of gastrointestinal bleeding was higher among patients taking oral anticoagulants (odds ratio [OR], 1.45), there was substantial heterogeneity among studies. The risk was highest for patients treated for venous [thrombosis](#) (OR, 1.59) and [acute coronary syndrome](#) (OR, 5.21). The bleeding risk was higher for apixaban, dabigatran, and rivaroxaban (ORs, 1.23 to 1.58) and lower for edoxaban (OR, 0.31). The overall risk of clinically relevant bleeding was also higher for the oral [anticoagulant](#) group (OR, 1.16), with similar trends seen among subgroups.

"In conclusion, we have shown that the gastrointestinal bleeding risk associated with the new generation of oral anticoagulants use might be higher compared with standard care," Holster and colleagues write. "The current evidence, however, is based on a highly selected patient group with a low bleeding risk, disallowing a true reflection of future patients in daily clinical practice."

**More information:** [Abstract](#)

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