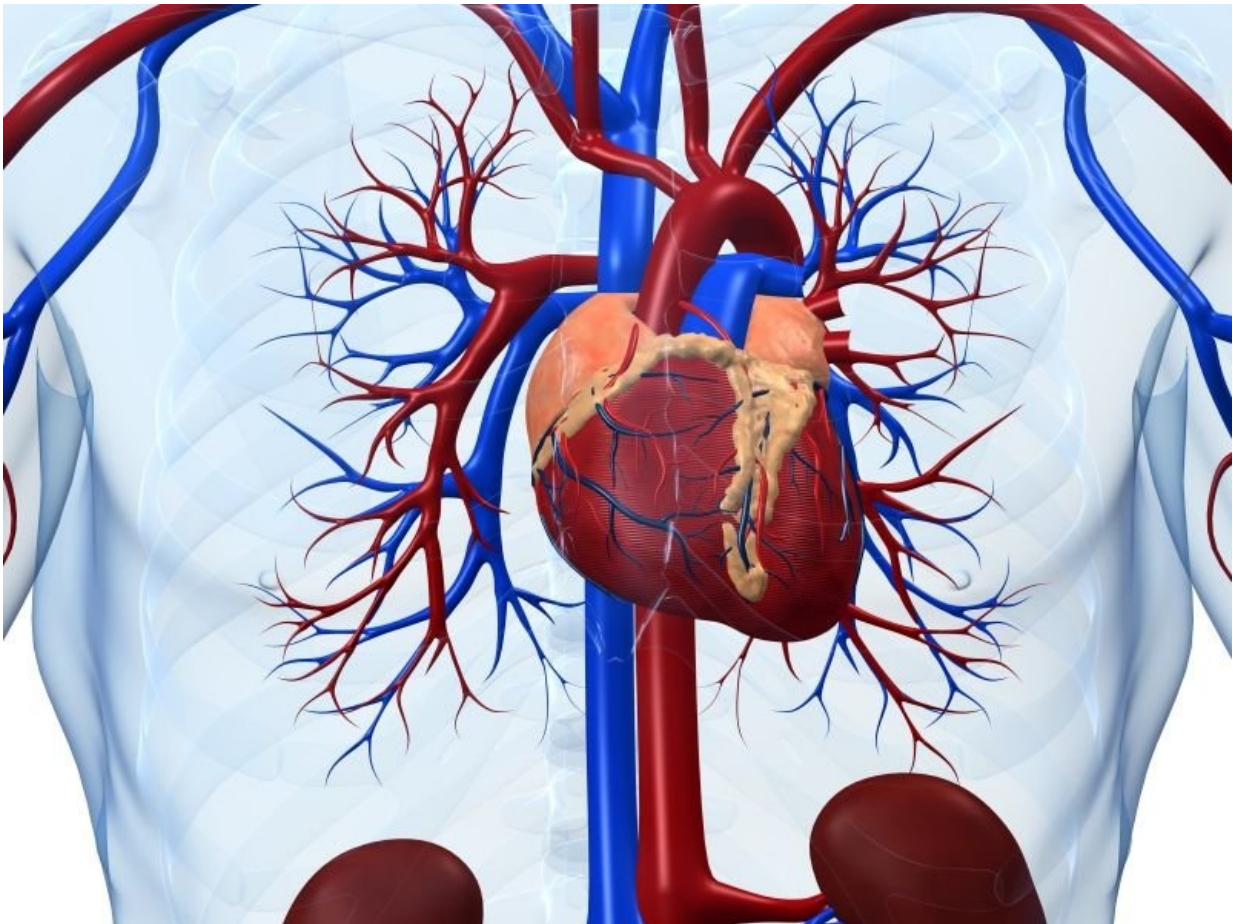


Interruption of apixaban doesn't impact bleeding in A-fib

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(HealthDay)—For patients undergoing catheter ablation for nonvalvular

atrial fibrillation (AF), both uninterrupted and minimally interrupted apixaban are associated with a very low rate of thromboembolic events, according to a study published online Dec. 20 in *JACC: Clinical Electrophysiology*.

Matthew R. Reynolds, M.D., from Lahey Hospital & Medical Center in Burlington, Mass., and colleagues randomized 300 patients undergoing [catheter ablation](#) for nonvalvular AF to uninterrupted or minimally interrupted peri-procedural apixaban. For comparison, a retrospective cohort of patients treated with uninterrupted warfarin at the same centers was matched to the apixaban-treated subjects.

The researchers identified no stroke/systemic embolism events. Overall, 11.3 percent of the 150 evaluable patients on uninterrupted apixaban and 9.7 percent of 145 evaluable patients on interrupted apixaban had clinically significant bleeding (risk difference, 1.7 percent; 95 percent confidence interval, -5.5 to 8.8 percent; P = NS). The rates of major bleeding were 1.3 and 2.1 percent in the uninterrupted apixaban and interrupted apixaban groups, respectively (risk difference, -0.7 percent; P = NS). For all apixaban [patients](#) combined, the rates of clinically significant and [major bleeding](#) were similar (10.5 and 1.7 percent, respectively) to those of the matched warfarin group (9.8 and 1.4 percent, respectively).

"Both uninterrupted and minimally interrupted [apixaban](#) at the time of AF [ablation](#) were associated with a very low rate of thromboembolic events, and rates of both major (

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