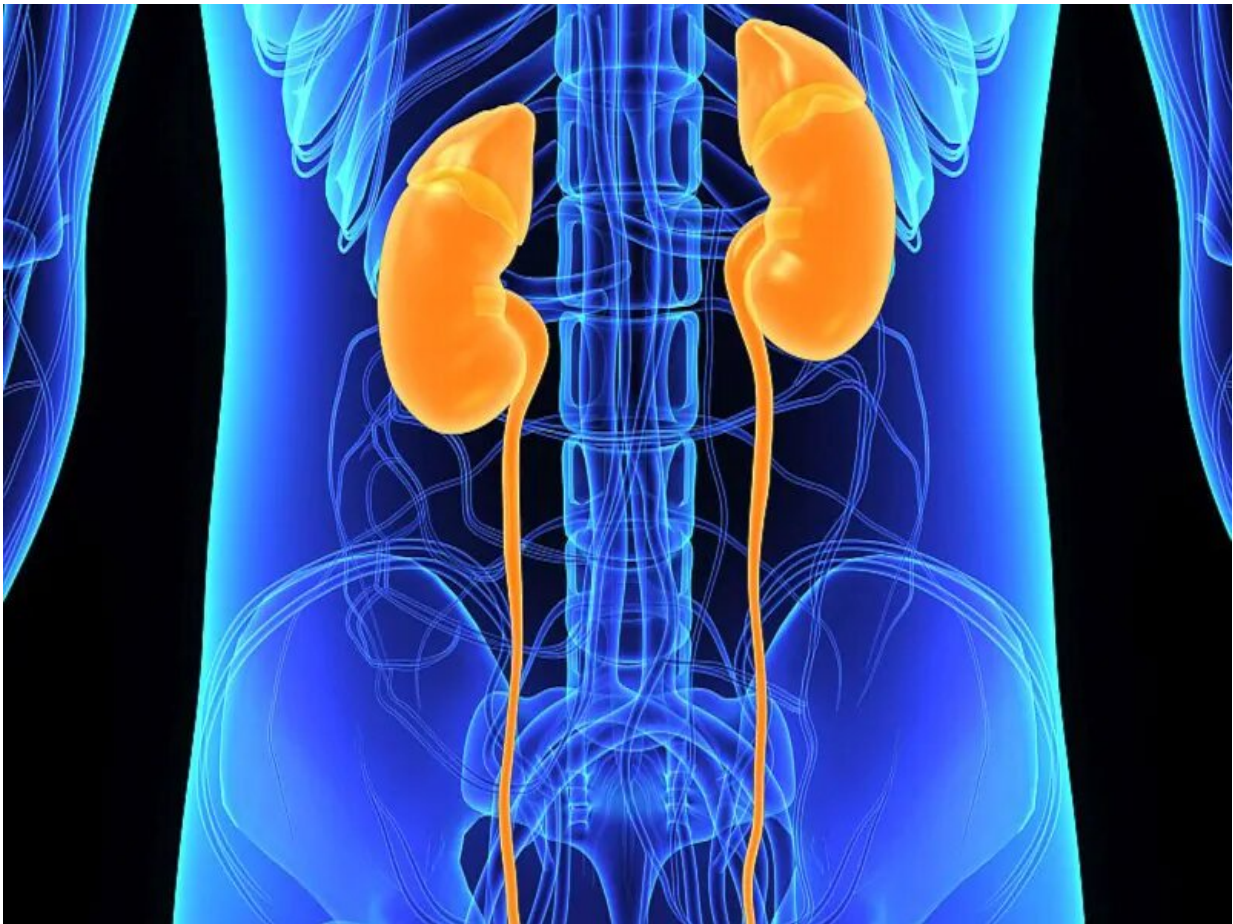


Non-vitamin K oral anticoagulants may be best for early-stage CKD

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(HealthDay)—Non-vitamin K oral anticoagulants (NOACs) have a

superior benefit-risk profile to that of vitamin K antagonists (VKAs) for patients with early-stage chronic kidney disease (CKD), according to a review published online July 16 in the *Annals of Internal Medicine*.

Jeffrey T. Ha, M.B.B.S., from the University of New South Wales in Sydney, and colleagues examined the benefits and harms of VKAs and NOACs in adults with CKD stages 3 to 5. Data were included for 45 [trials](#) involving 34,082 participants who received anticoagulation for [atrial fibrillation](#) (AF; 11 trials), [venous thromboembolism](#) (VTE; 11 trials), thromboprophylaxis (six trials), prevention of dialysis access thrombosis (eight trials), and [cardiovascular disease](#) other than AF (nine trials).

The researchers found that in AF, NOACs reduced the risks for stroke or systemic embolism and hemorrhagic stroke (risk ratios, 0.79 [95 percent confidence interval, 0.66 to 0.93] and 0.48 [95 percent confidence interval, 0.30 to 0.76], respectively) compared with VKAs. The effects of NOACs on recurrent VTE or VTE-related death were uncertain compared with VKAs (risk ratio, 0.72; 95 percent confidence interval, 0.44 to 1.17). NOACs seemed to reduce major bleeding risk compared with VKAs in all trials combined (risk ratio, 0.75; 95 percent confidence interval, 0.56 to 1.01).

"NOACs had a benefit-risk profile superior to that of VKAs in patients with early-stage CKD, with significant reductions in stroke or systemic embolism and [hemorrhagic stroke](#) in AF," the authors write. "However, evidence is insufficient to recommend widespread use of VKAs or NOACs to improve clinical outcomes in patients with advanced CKD and dialysis-dependent end-stage kidney disease."

Several authors disclosed financial ties to the biopharmaceutical industry.

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