

Dual therapy linked to lower bleeding risk in atrial fibrillation after percutaneous coronary intervention

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For patients with atrial fibrillation (AF) after percutaneous coronary intervention (PCI), dual therapy is associated with a reduced risk for bleeding compared with triple therapy, according to research published online March 17 in the *Annals of Internal Medicine*.

Safi U. Khan, M.D., from West Virginia University in Morgantown, and colleagues conducted a [systematic review](#) and meta-analysis to examine the effects of dual versus [triple therapy](#) on bleeding and ischemic outcomes in adults with AF after PCI. Data were included from four trials with 7,953 patients.

The researchers found that compared with triple therapy, dual therapy was associated with a [reduced risk](#) for major bleeding at one year (risk difference [RD], -0.013 [95 percent confidence interval, -0.025 to -0.002]) based on high-certainty evidence. Inconclusive effects were seen for dual versus triple therapy on the risks for all-cause mortality (RD, 0.004 [-0.010 to 0.017]), cardiovascular mortality (RD, 0.001 [-0.011 to 0.013]), myocardial infarction (RD, 0.003 [-0.010 to 0.017]), stent thrombosis (RD, 0.003 [-0.005 to 0.010]), and stroke (RD, -0.003 [-0.010 to 0.005]) based on low-certainty evidence. The upper bounds of the confidence intervals for these effects indicated possible increased risks associated with dual therapy.

"In adults with AF after PCI, dual therapy reduces risk for bleeding compared with triple therapy, whereas its effects on risks for death and ischemic end points are still unclear," the authors write.

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