

Extended anticoagulation tied to major bleeding risk

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(HealthDay)—The long-term risks and consequences of anticoagulant-

related major bleeding are considerable among patients receiving extended oral anticoagulant therapy for a first unprovoked venous thromboembolism (VTE), according to a review published online Sept. 14 in the *Annals of Internal Medicine*.

Faizan Khan, from the University of Ottawa in Canada, and colleagues examined the incidence of major bleeding during extended anticoagulation of up to five years among patients with a first unprovoked VTE in a [systematic review](#) and meta-analysis. Data were included from 14 randomized controlled trials and 13 cohort studies with 9,982 patients who received a vitamin K antagonist (VKA) and 7,220 who received a direct oral anticoagulant (DOAC).

The researchers found that the incidence of major bleeding was 1.74 and 1.12 events per 100 person-years with VKAs and DOACs, respectively. With VKAs, the five-year cumulative incidence of major bleeding was 6.3 percent. The incidence of major bleeding was statistically significantly higher among [patients](#) receiving either VKA or DOAC who were older than 65 years or had creatinine clearance

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