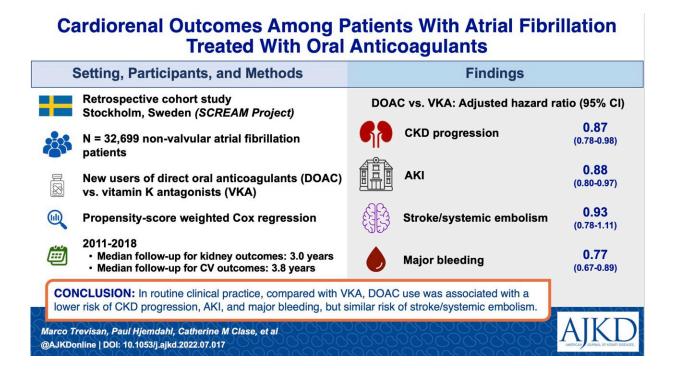


Direct oral anticoagulants show lower risk for kidney disease progression vs. vitamin K antagonists

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Among patients with non-valvular AF treated in routine clinical practice, compared with VKA, DOAC use was associated with a lower risk of CKD progression, AKI, and major bleeding, but a similar risk of the composite of stroke/systemic embolism and death. Credit: *American Journal of Kidney Diseases* (2022). DOI: 10.1053/j.ajkd.2022.07.017

A Swedish cohort study shows 13% (95% CI, 2-22%) lower risk of



kidney function decline or kidney failure and 12% (95% CI, 3-20%) lower risk of acute kidney injury with use of direct oral anticoagulants vs. vitamin K antagonists for non-valvular atrial fibrillation.

The relative safety of anticoagulation with direct oral anticoagulants (DOAC) or vitamin K antagonists (VKA) remains inconclusive, particularly with regards to kidney outcomes.

In a cohort of patients with non-valvular <u>atrial fibrillation</u> from Sweden, researchers observed that compared with VKA, DOAC initiation was associated with a lower risk of the composite of <u>kidney failure</u> and sustained 30% eGFR decline, as well as a lower risk of AKI occurrence.

In agreement with trial evidence, DOAC vs VKA treatment was associated with a lower risk of major bleeding, but a similar risk of the composite of stroke, systemic embolism, or death.

Collectively, these findings recently published in the *American Journal* of *Kidney Diseases (AJKD)* add to emerging evidence on the safety and effectiveness of DOAC administered for atrial fibrillation.

More information: Marco Trevisan et al, Cardiorenal Outcomes Among Patients With Atrial Fibrillation Treated With Oral Anticoagulants, *American Journal of Kidney Diseases* (2022). DOI: 10.1053/j.ajkd.2022.07.017

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