

Most bleeding events in non-CVD patients are GI-related

28 June 2018



person-years in the baseline cohort, 1.77 in the non-high-risk cohort, and 1.61 in the nonmedication cohort. For GI bleeding, the case fatality was 3.4 percent in the baseline cohort, 4 percent in the non-high-risk cohort, and 4.6 percent in the nonmedication cohort.

"These findings provide baseline bleeding risk estimates that could inform decision making for prevention of cardiovascular disease," write the authors.

One author disclosed ties to Roche Diagnostics.

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(HealthDay)—Among a cohort of individuals without cardiovascular disease (CVD) not receiving antiplatelet therapy, most major bleeding events involved gastrointestinal bleeding and 7 percent of bleeding events were fatal, according to a study published online June 26 in the *Journal of the American Medical Association*.

Vanessa Selak, Ph.D., from the University of Auckland in New Zealand, and colleagues performed a [prospective cohort study](#) of 359,166 individuals aged 30 to 79 years, who had a CVD risk assessment between 2002 and 2015 and were not receiving [antiplatelet therapy](#), to determine the risk of major bleeding.

The researchers found that 3,976 individuals had a [major bleeding](#) event during 1,281,896 person-years of follow-up. Gastrointestinal (GI) bleeding was the most common type of bleeding event (73 percent). Of the 274 fatal bleeding events (7 percent), 153 were intracerebral. The risk of a nonfatal GI bleeding event was 2.19 per 1,000

APA citation: Most bleeding events in non-CVD patients are GI-related (2018, June 28) retrieved 28 October 2021 from <https://medicalxpress.com/news/2018-06-events-non-cvd-patients-gi-related.html>

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