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Non-valvular atrial fibrillation (AF) and coronary artery disease with percutaneous revascularisation: safety of triple therapy with dabigatran

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Background: Patients who require oral anticoagulation and who also need a percutaneous coronary intervention present a challenge for the cardiologist at present. Despite the fact that NACOs began to be used several years ago, data on triple therapy safety are scarce.

Purpose: The aim of our study was to analyze the safety and efficacy of triple therapy combined with ASA, clopidogrel and dabigatran, analyzing the percentage of bleeding during follow-up.

Methods: Prospective and monocentric study. We included patients with indication for anticoagulation for non-valvular AF, in whom at least one coronary stent was implanted. At discharge they were prescribed treatment with acetylsalicylic acid 100mg / 24h + clopidogrel 75mg / 24h + dabigatran 110mg / 12h. The duration of the triple therapy was carried out according to the ESC clinical practice guidelines for atrial fibrillation (2016). The incidence of bleeding, stent thrombosis, need for revascularization and cardiovascular death was analyzed.

Methods: Forty-three patients were included between February 2017 and January 2018, age 71.7 ± 8.9 years and high prevalence of risk factors (hypertension 81.4%, dyslipidemia 74.4%, diabetes mellitus 58.1%). 46.5% with paroxysmal AF, 18.6% persistent AF and 34.9% with permanent AF (with a median CHA2DS2VASC 4 and HASBLEED 3). The indication for PCI was elective in 11 patients (25.6%) and acute coronary syndrome in 32 patients (74.4%). The type of stent used was: bare metal stent in 15 patients (34.8%) and drug-eluting stent in 28 patients (65.1%). An average of 1.3 ± 0.6 lesions/ patient was treated with an average of 1.5 ± 0.9 stents / lesion. The mean diameter of the implanted stents was 2.7 ± 0.1 and the average length of the stented segment was 30.8 ± 17.3 mm. After a follow-up of 6.2 ± 2.9 months, 5 bleedings (11.6%) were observed: 2 digestive bleeds with a need for transfusion (4.6%) and 3 epistaxis (6.9%). The observed events were: non-fatal AMI in a different coronary artery 1 patient (2.3%), need for revascularization of target lesion in 2 patients (4.6%). There was not stent thrombosis or deaths. The only variable associated with the incidence of bleeding was the previous hematocrit (OR 0.58, 95% CI, 0.187-0.982, p = 0.04).

Conclusions: In this study, the use of triple therapy with dabigatran has been shown to be safe and effective, with a low percentage of bleeding requiring transfusion compared to previous studies.