


Oral anticoagulation in patients with atrial high-rate episodes


Conclusion

 Blood thinners (anticoagulants) cause bleeding without preventing stroke in patients with atrial high-rate episodes (AHRE), but without electrocardiogram (ECG)-diagnosed atrial fibrillation.

Impact on clinical practice

 The results clearly suggest to demand ECG documentation of atrial fibrillation prior to initiation of oral anticoagulation.

Study objectives

 NOAH-AFNET 6 was the first trial to investigate the efficacy and safety of oral anticoagulation in patients with AHRE, but without ECG-documented atrial fibrillation.

Study population

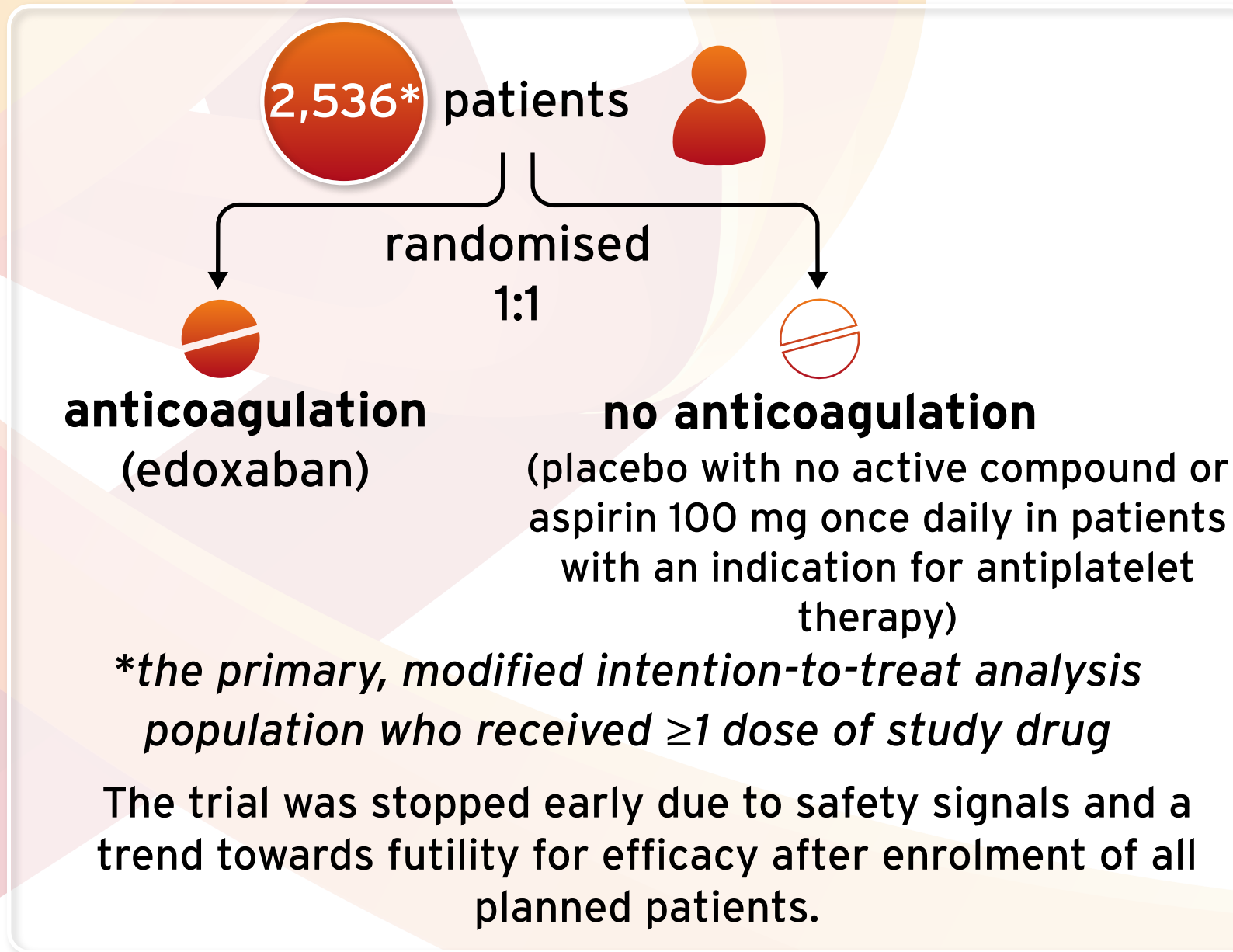
Patients ≥65 years with

- AHRE episodes ≥6 minutes detected by implantable devices
- ≥1 additional stroke risk factor
 - heart failure
 - hypertension
 - diabetes
 - prior stroke or transient ischaemic attack
 - vascular disease
 - age ≥75 years

Where?

 18 European countries
206 sites 

Who and what?



Primary endpoint

Composite of stroke, systemic embolism, or cardiovascular death



Safety outcome

Composite of major bleeding and all-cause death



The difference in safety outcomes was driven by an expected increase in major bleeding with

