Gender Related Differences in Gastrointestinal Bleeding With Oral Anticoagulation in Atrial Fibrillation

J Cardiovasc Pharmacol Ther. 2022 Jan-Dec;27:10742484211054609.

Ferroni E, Denas G, Gennaro N, Fedeli U, Pengo V

Abstract

Background
DOACs are characterized by a higher incidence of gastrointestinal bleeding and this may be different among males and females. Female patients were underrepresented in the DOAC pivotal trials. We aimed to assess real-world differences in gastrointestinal bleeding with oral anticoagulants (DOACs and VKAs) among males and females with atrial fibrillation.

Methods
We performed a population-based retrospective analysis on linked administrative claims. Atrial fibrillation patients of 65 years and above were considered. Bleeding risk factors were assessed through HASBED and previous history of gastrointestinal disease. A time-to-event analysis compared gastrointestinal bleeding between males and females. Results: The overall cohort consisted of 15338 (55% female) DOAC and 44542 (50% female) VKA users. Most of the patients showed HASBED ≥2. Incidence rate of GI bleeding was higher in females as compared to males among DOAC users (0.90% vs 0.59%), and significant gender difference in GI bleeding was found, after adjustment, in the Cox regression analysis (HR 1.48, 95%CI 1.02-2.16). In the VKA group, no significant difference among genders was found in the time-to-event analysis.

Conclusions
Our data suggest that female patients treated with DOACs have a higher risk of GI bleeding versus male patients; this difference is not observed in VKA patients.

Keywords: DOACs; GI bleeding; atrial fibrillation; gender differences; real-life.

FULL TEXT
https://pubmed.ncbi.nlm.nih.gov/34994209/