Impact of Anticoagulation on Poststroke Mortality in Ischemic Stroke Patients With Atrial Fibrillation

To the Editor:

We read with great interest the recent study by Andersen and Olsen regarding the usefulness of anticoagulation treatment in reducing poststroke mortality in patients with ischemic stroke (IS) and atrial fibrillation (AF). The authors, after evaluating data from a prospective nationwide registry, concluded that IS patients with AF and no contraindication to oral anticoagulants (OA) had an almost 50% reduction in the hazard of death when secondary prevention with anticoagulation treatment was instituted. This effect was independent of age, stroke severity, and stroke risk factors. The former findings raise certain potential clinical implications regarding the optimal management of IS survivors with AF, because in a previous randomized controlled trial no significant benefit of oral anticoagulation on poststroke mortality was identified.

Our group has previously investigated the efficacy and safety of OA for secondary prevention in specific subgroups of IS patients with AF (age older than 75 years, moderate-to-severe stroke severity) that have been under-represented or excluded from randomized controlled trials. Interestingly, we documented similar results to the findings of Andersen and Olsen. More specifically, OA decreased the risk of recurrent thromboembolism (stroke and systemic embolism) by approximately two-thirds (HR = 0.31 for patients older than 75 years; HR = 0.36 for patients with moderate-to-severe stroke) and halved the risk of poststroke mortality (HR = 0.47 for patients older than 75 years; HR = 0.44 for patients with moderate-to-severe stroke) after adjustment for demographic characteristics and cardiovascular risk factors.

In people older than 75 years, AF is the most important single cause of IS, whereas AF patients with disabling stroke carry a high intrinsic risk of recurrent thromboembolism. In view of the limited randomized data regarding the effect of OA on long-term prognosis of patients with moderate-to-severe IS and aged older than 75 years, which has led to a significant underuse of anticoagulation therapy in these 2 stroke subgroups, Andersen and Olsen may consider comparing the benefit of OA for secondary prevention in specific subgroups of IS patients with AF and no contraindication to antithrombotic therapy, regardless of their age or stroke severity.

Disclosures

None.

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