To the Editor:

We read with interest the excellent work by Ho et al investigating the real-world anticoagulation experience of Chinese population with atrial fibrillation (AF). We agreed with the authors that, in Chinese patients with atrial fibrillation, the benefits of warfarin therapy for stroke prevention and ICH risk are closely dependent on the quality of anticoagulation.

The data in the article showed that 16.3% patients of non-valvular AF received guideline-recommended warfarin treatment for stroke prevention. The ChinaQUEST study reported only 1 in 5 stroke patients with AF were treated with warfarin in Mainland China. Also unpublished date from our department showed that only ≈14% AF patients with stroke discharged with warfarin treatment. Based on CHA2DS2-VASc score, patients with AF and stroke history at the same time are at increased risk of further ischemic events (CHA2DS2-VASc ≥2 points). In our clinical practice, the often-raised question that stopped patients from accepting warfarin treatment included fear of intracranial hemorrhage, needing frequent monitoring of international normalized ratio, and possible drug interactions with dietary (as Chinese medicine is widely used in China). However, these problems may be largely solved with introduction of new oral anticoagulants (dabigatran, rivaroxaban, and apixaban). Although wide availability of these new drugs are limited and the prices are still high, physicians and patients could take efforts and the most effective way to reduce the heavy burden of recurrent stroke in China.

Disclosures

None.

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References

Letter by Feng et al Regarding Article, "Ischemic Stroke and Intracranial Hemorrhage With Aspirin, Dabigatran, and Warfarin: Impact of Quality of Anticoagulation Control"
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