Letter by Zhang et al Regarding Article, “Should Atrial Fibrillation Patients With Only 1 Nongender-Related CHA2DS2-VASc Risk Factor Be Anticoagulated?”

To the Editor:

We read with great interest the recent article by Fauchier et al,1 in which the authors observed a positive net clinical benefit of oral anticoagulation usage for preventing stroke and other thromboembolic events in atrial fibrillation patients with only 1 nongender-related stroke risk factor (CHA2DS2-VASc 1 in males or 2 in females).

Vitamin K antagonist was the only choice of treatment for preventing stroke in these patients with atrial fibrillation. However, vitamin K antagonist has limitations, such as the risk of hemorrhage, narrow range of effective dosage, food–drug interactions, and need for anticoagulation monitoring. In recent years, new oral anticoagulants have been shown with similar efficacy to vitamin K antagonist, but with improved safety, and without requirement for anticoagulation monitoring. Considering these advantages, new oral anticoagulants were recommended by current guidelines over warfarin in patients with nonvalvular atrial fibrillation.2–4 It is interesting to see whether new oral anticoagulants have a better therapeutic safety profile than warfarin in atrial fibrillation patients with only 1 nongender-related stroke risk factor. Further studies may be needed to answer this question.

Disclosures

None.


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