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

In Response:

We thank Zhang et al for their interest in our study reporting a positive net clinical benefit of oral anticoagulation using vitamin K antagonist 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).1 Recent trials with non-vitamin K antagonist oral anticoagulant (NOAC) agents provide data for benefit even with at least 1 single stroke risk factor.2 However, these results were obtained in patients using the older CHADS2 score (meaning that their CHA2DS2-VASc score might actually have been higher) and were borderline for significance. Our data suggest that patients with 1 nongender-related should be more widely treated with oral anticoagulation and the NOACs are possibly additional options. Only vitamin K antagonist therapy was used for anticoagulation in our study, and we presume that the data would apply to current therapy with NOACs, which offer efficacy, safety, and relative convenience compared with vitamin K antagonist.2 Indeed, anticoagulation with a new, safer agent, modeled with decision analytic tools, may lead to a lowering of the threshold for anticoagulation to a stroke rate of 0.9% per year.3 The balance between risk factors for stroke, risk of bleeding, and benefit of anticoagulation may also be shifting between NOACs.4,5 Clinical trials performing head-to-head comparisons of these treatments in these patients are improbable but would be the best option to answer these questions.

Disclosures

Dr Fauchier has served as a consultant for Bayer, BMS/Pfizer, Boehringer Ingelheim, and Daiichi-Sankyo and as a speaker for Bayer, BMS/Pfizer, Medtronic, Boehringer Ingelheim, Microlife, Roche, and Daiichi-Sankyo. The other authors report no conflicts.

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