

RESTRICTIVE TRANSFUSION IS NON-INFERIOR TO LIBERAL TRANSFUSION IN UPPER GASTROINTESTINAL BLEEDING: A SYSTEMATIC REVIEW AND META-ANALYSIS OF RANDOMISED CONTROLLED TRIALS

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Poster

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A systematic review and meta-analysis of seven randomised controlled trials found that restrictive transfusion strategies in upper gastrointestinal bleeding were non-inferior to liberal strategies for mortality and rebleeding outcomes.

KEY POINTS

- Restrictive transfusion did not increase in-hospital mortality (RR 0.94, 95% CI 0.46-1.94) or 30-day mortality (RR 0.68, 95% CI 0.48-0.97) compared to liberal transfusion in upper gastrointestinal bleeding.
- In-hospital and 28 to 45-day rebleeding rates were not higher with restrictive transfusion (RR 0.67, 95% CI 0.30-1.50 and RR 0.75, 95% CI 0.49-1.16, respectively).
- Individual studies showed lower rates of transfusion reactions and post-transfusion intervention when transfusion was started at a lower haemoglobin threshold.
- A haemoglobin threshold greater than 80 g/L may result in a higher untoward outcome rate, though the optimal restrictive transfusion threshold requires further investigation.

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