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Summary

BLEEDING OUTCOMES ASSOCIATED WITH ANTICOAGULANT USE IN ACUTE LOWER GASTROINTESTINAL BLEEDING: A PROPENSITY SCORE-MATCHED ANALYSIS

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In a propensity score-matched analysis of 1911 hospitalized patients with acute lower gastrointestinal bleeding, anticoagulant use was not associated with increased mortality, rebleeding, or surgical intervention but was linked to higher red blood cell transfusion requirements.

KEY POINTS

- Among 980 matched patients (490 anticoagulant users, 490 controls), anticoagulant use showed no significant association with in-hospital mortality (OR 1.16, 95% CI 0.63-2.14), rebleeding (OR 1.42, 95% CI 0.90-2.25), or need for surgery (OR 0.75, 95% CI 0.43-1.32).
- Anticoagulant use was associated with higher red blood cell transfusion rates (OR 1.66, 95% CI 1.28-2.14) compared to matched controls.
- Subgroup analysis showed comparable outcomes between direct oral anticoagulants (DOACs) and vitamin K antagonists (VKAs).
- The study used rigorous propensity score matching with 1:1 nearest-neighbor matching, adjusting for demographics, comorbidities, comedications, prior bleeding history, and presentation characteristics, achieving standardized mean differences below 0.2 for all variables.
- This multicenter, international cohort study provides evidence relevant to clinicians managing hospitalized patients with acute lower gastrointestinal bleeding who are receiving anticoagulation therapy.

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