

Who is at risk: Is it all about anticoagulants?

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Presentation

Endoscopy

Radiology & Imaging

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The speaker presented evidence that lower GI bleeding incidence has now overtaken upper GI bleeding, driven by population ageing and increased antithrombotic use, and discussed management strategies for patients on anticoagulation.

KEY POINTS

- Lower GI bleeding incidence ranges from 33 to 87 per 100,000 people per year and recent population-based studies from Hong Kong and Finland show it has overtaken upper GI bleeding, while upper GI bleeding rates have declined due to appropriate PPI use and H. pylori eradication.
- Antiplatelet agents roughly double the risk of lower GI bleeding and anticoagulants increase the risk four-fold according to a case-control study from Spain, with annual absolute risk averaging less than 1% for aspirin and 1 to 3% for anticoagulants.
- The speaker's post-hoc analysis of approximately 2000 patients found no association between anticoagulant use and major outcomes including in-hospital death, rebleeding, or need for surgery, though anticoagulated patients required more red blood cell transfusions.
- Evidence from observational studies and a head-to-head randomised controlled trial suggests apixaban offers superior GI safety compared to other DOACs, and cardiology guidelines recommend it as first choice in high-risk bleeding patients according to the speaker.
- Patients on anticoagulation who experience acute lower GI bleeding have higher likelihood of colorectal cancer diagnosis in the following year according to a Danish observational study, highlighting the importance of colorectal cancer screening before or shortly after starting anticoagulation.
- The speaker recommended avoiding aspirin for primary prevention, keeping complex antithrombotic therapy as short as possible post-vascular intervention, and individualising timing of anticoagulant resumption after bleeding rather than routine resumption by day seven.

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