

CHARACTERISTICS AND FEATURES OF UPPER GASTRO INTESTINAL BLEEDING IN PATIENTS ON ANTITHROMBOTIC DRUGS: A PROSPECTIVE STUDY

Reda Berraida

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Poster

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In a prospective study of 332 patients with upper gastrointestinal bleeding, use of anti-thrombotic drugs did not increase the risk of active bleeding at endoscopy or the need for endoscopic haemostasis.

KEY POINTS

- Among 332 patients admitted for upper gastrointestinal bleeding, 19% were taking anti-thrombotic drugs (antiplatelet agents or anticoagulants).
- Anti-thrombotic users were older and had more comorbidities, but showed no statistically significant difference in active bleeding at endoscopy (12.7% vs 16.8%, $p=0.425$) or need for endoscopic haemostasis (7.9% vs 16%, $p=0.1$) compared to non-users.
- In multivariate analysis adjusting for age, sex, comorbidities, active bleeding, and anti-thrombotic use, only the presence of active bleeding predicted the need for endoscopic haemostasis (OR: 26, $p<0.001$).
- Use of anti-thrombotic drugs did not influence the need for endoscopic haemostasis (OR: 0.386, $p=0.154$).
- This study may inform risk stratification for patients on anti-thrombotic therapy presenting with upper gastrointestinal bleeding.

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