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Bleeding risk associated with warfarin use in hemodialysis patients with co-morbid atrial fibrillation patients: A meta-analysis

Md Sarfaraj Hussain¹, Md Asad²

¹Department of Pharmacognosy, Sanskriti University, India

²Department of Independent, Independent Researcher, New Delhi, India, India

Objectives: Warfarin is the most commonly prescribed agents in hemodialysis patients with co-morbid atrial fibrillation. It is used for preventing thromboembolic complications. Studies connected warfarin with the bleeding risk but the published studies presented conflicting findings. So, this meta-analysis is aimed to explore the association between warfarin and risk of bleeding.

Methods: We followed PRISMA guidelines for the conduction of this meta-analysis. Electronic databases like PubMed and Cochrane central were searched for studies assessing bleeding risk in hemodialysis patients with co-morbid atrial fibrillation on warfarin. Quality of eligible studies was determined through the Newcastle-Ottawa scale. Two reviewers extracted the data in pre-designed data template. Pooled bleeding risk was computed and subgroup analysis was also performed. Statistical analysis was carried out through Review Manager (RevMan V5.3).

Results: This meta-analysis was based on fifteen studies. Studies were published during 2009 – 2017. All the studies were found to have a low risk of bias. A significant association was observed between warfarin use and bleeding risk (RR of 1.35 (95% CI: 1.18 to 1.53, $p = < 0.0001$). Significantly increased bleeding risk was observed in patients receiving warfarin and had intracranial hemorrhage RR of 1.43 (95% CI: 1.20 to 1.71, $p < 0.0001$). On the contrary, no significant association was observed in patients with gastrointestinal bleeding who were on warfarin.

Conclusions: Warfarin significantly increases bleeding risk in hemodialysis patients with co-morbid atrial fibrillation.