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Session Topic : -

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Current Evidence of Anticoagulation Therapy in Hemodialysis Patients with Atrial Fibrillation

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It is known that thromboembolic risk is increased in hemodialysis patients, and both atrial fibrillation and chronic kidney disease are known to act as independent factors of systemic thromboembolism and ischemic stroke. Atrial fibrillation is known to cause blood stasis, especially in the left atrial appendage, and increase thromboembolic risk by causing activation of the hemostatic system. In addition, patients with chronic kidney disease suffer from systemic inflammation, atherosclerosis, and diffuse endothelial damage as their renal function declines, and various abnormalities in the coagulation system further increase the thromboembolic risk. In addition, it is known that blood viscosity increases in hemodialysis patients due to hemodynamic changes. Atrial fibrillation in the patients with chronic kidney disease occurs 10 to 20 times more frequently than in the general population, and in hemodialysis patients, the incidence is as high as 8 to 34%, although it varies depending on the study. Anticoagulation therapy is clinically used to reduce the risk of stroke and systemic thromboembolism, which includes warfarin and direct-acting oral anticoagulants. In this lesson, we will look at the current evidence on anticoagulation treatment in dialysis patients with atrial fibrillation and learn about precautions and considerations during anticoagulation treatment.

Keywords: Atrial Fibrillation, Anticoagulants, warfarin, Factor Xa inhibitors