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Real World Outcomes of Direct Oral Anticoagulant in Chronic Kidney Disease Stage 5

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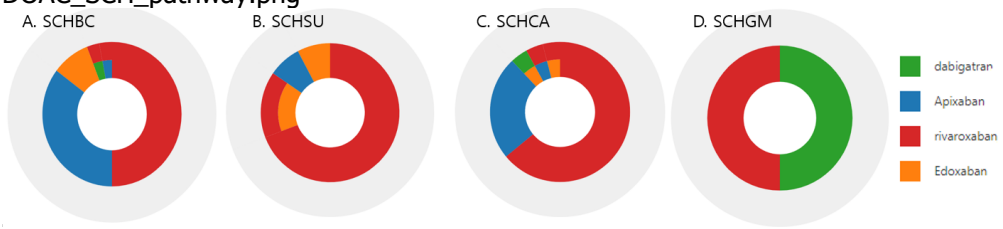
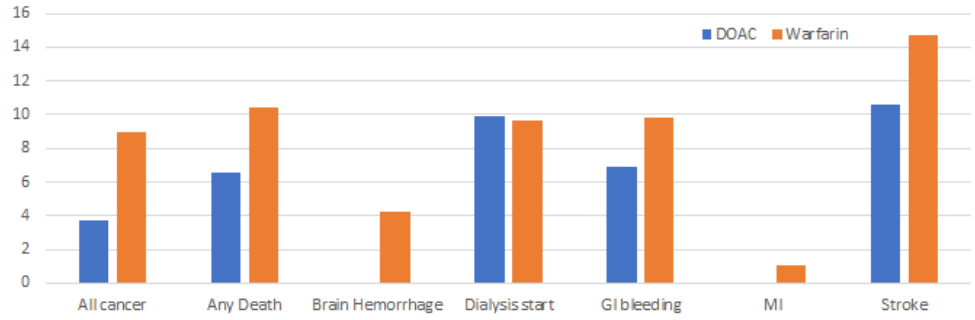
Objectives : Patients with chronic kidney disease are at an increased risk of both thromboembolic events and bleeding. Direct oral anticoagulant (DOAC)s have been developed as alternatives to warfarin. These medications have advantages such as a predictable anticoagulant effect, fewer drug interactions, and no need for routine monitoring of blood levels. However, their use in patients with chronic kidney disease requires careful consideration.
Methods : This study was a retrospective, observational cohort study who was treated for thromboembolism and CKD over 6 months in 4 hospitals. Based on the common data model database, exposure included apixaban, edoxaban, rivaroxaban, and dabigatran. Outcomes included occurrence of malignancy, GI bleeding, brain hemorrhage, and major adverse cardiovascular event.
Results : Total 76 thromboembolism patients with CKD stage 5 were enrolled. Rivaroxaban was most frequently used and followed with apixaban, edoxaban, and dabigatran. Drug pathway was different among hospitals (figure 1). DOAC group was younger compared with 127 patients with warfarin. Outcomes in DOAC group were less compared with those in warfarin (figure 2). However, commencement of dialysis (9.9 vs 9.6/1000years) were not different.
Conclusions : Outcomes of DOAC in patients with CKD stage 5 are not inferior with those of warfarin.

DOAC_SCH_pathway.png



DOAC_SCH_pathway.png


16
14
12
10
8
6
4
2
0
DOAC
Warfarin
All cancer
Any Death
Brain Hemorrhage
Dialysis start
GI bleeding
MI
Stroke