

# Major bleeding risk from drugs similar in elderly

17 April 2017



CI, 0.77 to 0.99; low-quality evidence), and not different when all studies were combined (RR, 0.86; 95 percent CI, 0.73 to 1.01). Any severity of bleeding (RR, 0.70; 95 percent CI, 0.57 to 0.86) and intracranial bleeding (RR 0.46; 95 percent CI, 0.30 to 0.73) were less frequent on [antiplatelet drugs](#) than on warfarin. Major bleeding might be higher with [warfarin](#) than aspirin in patients over 80 years old, according to subgroup analysis.

"Elderly patients treated with aspirin or clopidogrel suffer less any-severity bleeding but have a risk of major bleeding similar to that of oral anticoagulants, with the exception of intracranial bleeding," the authors write.

**More information:** [Abstract](#)  
[Full Text \(subscription or payment may be required\)](#)

(HealthDay)—The risk of major bleeding is similar for older patients with atrial fibrillation taking either antiplatelet or anticoagulant drugs, according to a review published online April 10 in the *Journal of Thrombosis and Haemostasis*.

Marc Melkonian, M.D., from the Hôpitaux Universitaires Pitie-Salpêtrière-Charles Foix in France, and colleagues conducted a systematic review and meta-analysis to evaluate [major bleeding](#) in randomized and non-randomized controlled trials (RCTs) and parallel cohorts comparing antiplatelet drugs and oral anticoagulants in [patients](#) 65 years or older.

Based on seven RCTs (4,550 patients) and four cohort studies (38,649 patients), the researchers found that the risk of major bleeding on aspirin or clopidogrel was equal to that on warfarin in RCTs (relative risk [RR], 1.01; 95 percent confidence interval [CI], 0.69 to 1.48; moderate-quality evidence), lower than on warfarin in non-randomized cohort studies (RR, 0.87; 95 percent

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APA citation: Major bleeding risk from drugs similar in elderly (2017, April 17) retrieved 4 May 2021 from <https://medicalxpress.com/news/2017-04-major-drugs-similar-elderly.html>

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