Restoring anticoagulation after a bleeding event?

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You’ve been struggling about whether to restore anticoagulation after a bleeding event. What would you typically restore anticoagulants for? If you’re not sure about the risk, you could walk through some more information. But for now, let’s focus on the more general situation where you’ve got a patient who’s been anticoagulated, perhaps for a few weeks or a month. They could have been anticoagulated for a variety of reasons, such as atrial fibrillation. You ask them if they’ve had a bleeding event, and they tell you that they’ve had a bleed. They might have had a minor bleed, such as a nosebleed or a bruise, or they might have had a major bleed, such as an intracerebral hemorrhage. But one thing is for sure: the patient was on anticoagulants, and now they’re not.

When patients are hospitalized for a bleed, our job is to make a treatment plan. We need to decide whether to continue the anticoagulants, whether to restart them at all, or whether to stop them. But how long after a bleed should anticoagulants be restarted? Restart too early, and patients are exposed to a risk of recurrent bleeding. Restart too late, and patients risk stroke if they need anticoagulation for their indication for anticoagulation. So, we’ve got to find that sweet spot.

When patients are diagnosed with atrial fibrillation, they are often prescribed anticoagulants (“blood thinners”). Anticoagulants reduce the risk of stroke by preventing blood clots. But these medications carry a risk of bleeding. So, we need to balance the risk of stroke against the risk of bleeding. What if you’re on anticoagulants, and you have a bleed? Should you restart them, how soon should you restart them, and how do you know if you should restart them?

If you’re trying to decide when to restart anticoagulants, the key questions to answer are:

- Should you restart anticoagulants?
- How long after the bleed should you restart them?
- What factors should be taken into account when making the decision to restart anticoagulants?

Let’s review the available evidence and discuss the decision-making process.

The evidence suggests that restarting anticoagulants as soon as possible after a bleed is generally safe. However, there is limited evidence to support this recommendation. The decision to restart anticoagulants should be individualized and based on the patient’s specific circumstances. Factors to consider include:

- The type and severity of the bleed
- The patient’s age and comorbidities
- The patient’s risk of stroke
- The patient’s risk of recurrent bleeding
- The patient’s preferences

Based on the available evidence, the American Heart Association and the American College of Cardiology recommend that anticoagulants be restarted as soon as it is safe to do so. The decision to restart anticoagulants should be made on an individual basis, and patients should be carefully monitored for signs of recurrent bleeding.

In conclusion, the decision to restart anticoagulants after a bleed is complex and should be individualized based on the patient’s specific circumstances. Health care providers should carefully consider the risks and benefits of restarting anticoagulants and engage in shared decision-making with their patients. Further research is needed to better understand the optimal timing for restarting anticoagulants after a bleed.

References:


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