

Aspirin Doesn't Lower Risk of Stroke in Low Risk AF Patients



Findings from a new study conducted by researchers at the Intermountain Medical Center Heart Institute show that long-term aspirin therapy in patients who are considered to be low risk for stroke is not as effective as previously believed. The findings were presented at Heart Rhythm 2017, the Heart Rhythm Society's 38th Annual Scientific Sessions in Chicago.

See Also: [Study: Anticoagulant Apixaban Better than Warfarin](#)

Study results show that patients with atrial fibrillation who received a catheter ablation and who were at low risk of stroke did not benefit from long-term aspirin therapy but were at a higher risk of bleeding as compared to no therapy at all.

Jared Bunch, MD, the study's lead author and director of Heart Rhythm Research at the Intermountain Medical Center Heart Institute highlights that physicians often treat AF patients with low risk of stroke with aspirin rather than stronger anticoagulants. However, this treatment strategy is not backed by any scientific data.

During this study, the researchers investigated the long-term use of aspirin in 4,124 low risk AF patients who had undergone catheter ablation. Findings showed that over a three-year period, patients on aspirin had a greater risk of gastrointestinal bleeding and genitourinary bleeding as compared to patients who were either on warfarin or on no therapy.

Dr. Bunch explains that it is a general perception that aspirin reduces risks. Aspirin is also very easy to prescribe and is available over-the-counter. However, very little evidence exists to support its use for stroke prevention and findings from this new study are no different. No benefit was observed for stroke prevention in low-risk patients but it significantly increased a patient's risk of bleeding.

"Aspirin is widely considered a healthy therapy to lower risk of heart disease," said Dr. Bunch. "It's widely used in our communities even in people who don't have heart disease or another apparent need. Like all therapies, it has significant risks, including major bleeding. Unfortunately, after careful study, it doesn't significantly lower stroke risk in most AF patients. Since stroke is the most feared complication of AF, we need to continue to study all available therapies to understand the most effective and safest treatment choices and how to use them after ablation."

Source: [Intermountain Medical Center](#)

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