



Delayed Use of Blood Thinners Increases Risk of Dementia



Findings from a new study show that dementia rates increase when anticoagulation treatment is delayed for patients with atrial fibrillation. The results of the study were presented at Heart Rhythm 2017, the Heart Rhythm Society's 38th Annual Scientific Sessions in Chicago.

This is the first study of its kind conducted by researchers at the Intermountain Medical Center Heart Institute in Salt Lake City. The study included over 76,000 patients with atrial fibrillation (AF) but with no prior history of dementia. Patients were treated with an antiplatelet or warfarin.

Patients were followed from the time their AF diagnosis to their start of an antiplatelet or anticoagulation therapy. Study participants were then divided into two categories - those receiving immediate treatment less than 30 days from diagnosis and those who received delayed treatment after one year.

Researchers used the CHADS2 Vasc score to predict stroke risks as well as identify patients who were at highest risk of cognitive decline due to delayed therapy. The analysis showed that the risk of dementia in low-risk patients was 30% higher in those who received delayed treatment and 136% higher in high-risk patients. A linear risk of dementia was observed as delays in warfarin initiation increased - from 31 days to one year, one to three years and longer than three years.

Jared Bunch, MD, director of heart rhythm research at the Intermountain Medical Center Heart Institute and medical director for heart rhythm services for the Intermountain Healthcare system in Salt Lake City highlights the importance of starting anticoagulation treatment as early as possible once the patient is diagnosed with AF. Even a 30 day delay in initiating treatment could increase the patient's risk of developing dementia. Delays are often due to a low risk of stroke, exploration of other treatment options etc.

"We want to ensure we're doing everything possible to limit the risk of brain injury for our patients, and our study not only shows the importance of early therapy, but also shows the very limited role, if any, of aspirin for stroke prevention," said Dr. Bunch. "In this study, the benefit was derived from using warfarin, and we hope newer anticoagulants that perform better than warfarin and are easier to start and use will further improve dementia risk."

Source: [Intermountain Medical Center](#)

Image Credit: Intermountain Medical Center Heart Institute

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