

2016

## Letter to the Editor: Restarting warfarin after a gastrointestinal bleed

Lauren Smith

Wayne State University, [lsmith@med.wayne.edu](mailto:lsmith@med.wayne.edu)

Follow this and additional works at: <https://digitalcommons.wayne.edu/crp>



Part of the [Cardiovascular Diseases Commons](#), and the [Medical Education Commons](#)

### Recommended Citation

Smith L. Letter to the Editor: Restarting warfarin after a gastrointestinal bleed. *Clin. Res. Pract.* 2015 Sept 15;2(2):eP1227. doi: [10.22237/crp/1473984458](https://doi.org/10.22237/crp/1473984458)

This Letter to the Editor is brought to you for free and open access by the Open Access Journals at DigitalCommons@WayneState. It has been accepted for inclusion in Clinical Research in Practice: The Journal of Team Hippocrates by an authorized editor of DigitalCommons@WayneState.

## LETTER TO THE EDITOR: Restarting warfarin after a gastrointestinal bleed

LAUREN SMITH, Wayne State University, Detroit, MI, [lsmith@med.wayne.edu](mailto:lsmith@med.wayne.edu)

---

I read *Anticoagulation following gastrointestinal bleeding: assessing harms and benefits* with great interest.<sup>1</sup> I recently dealt with a similar patient care dilemma. We were treating a 66-year-old Caucasian woman with paroxysmal atrial fibrillation who presented with a four-day history of melena secondary to ibuprofen-induced gastric bleeding. After an esophagogastroduodenoscopy (EGD) revealed no active bleeding, and with her symptoms resolved, the question of when to restart her warfarin was raised.

I would like to point out another study<sup>2</sup> that addresses this dilemma. [Editor's Note: Though Jeffers acknowledges Qureshi, et al., he does not summarize the study in the original critical appraisal.] A retrospective cohort study with an N of 1329, it evaluated patients enrolled in anticoagulation clinic who developed gastrointestinal bleeding. Patients who had been restarted on warfarin within 6 months after major GI bleed were compared against the cohort of patients who were not restarted on warfarin after their bleed. At one year, patients who were restarted had more recurrent GI bleeding (HR 1.18, NNH 17), but also had lower risk of VTE (HR 0.71, NNT 20) and all-cause mortality (HR 0.67, NNT 8). As a cohort study, the results are associated with a difference in exposure to anticoagulation, but causation cannot be established. Furthermore, as a retrospective study, the effect of clinical judgment as a confounder cannot be measured.

Prior to these two papers, there was little literature that addressed restarting anticoagulation after GI bleeds. Physicians were left with anecdotal evidence and limited research to support their decisions regarding when to restart anticoagulation. As demonstrated by this research, restarting anticoagulation may have significant effects on morbidity and mortality.

Patients with GI bleeds who are also on anticoagulation for atrial fibrillation are not a rare occurrence. Reading this critical appraisal led to an informed discussion amongst the medical team and stressed the importance of using evidence to guide our clinical decision-making. Ultimately, we recommended to my patient's PCP that anticoagulation be restarted after one week.

- 
1. Jeffers J. Anticoagulation following gastrointestinal bleeding: assessing harms and benefits. *Clinical Research in Practice: The Journal of Team Hippocrates*. 2016 Aug 18;2(2):eP1098. <http://digitalcommons.wayne.edu/crp/vol2/iss2/7>
  2. Qureshi W, Mittal C, Patsias I, et al. Restarting anticoagulation and outcomes after major gastrointestinal bleeding in atrial fibrillation. *Am J Cardiol*. 2014;113:662-668. doi: [10.1016/j.amjcard.2013.10.044](https://doi.org/10.1016/j.amjcard.2013.10.044)

---

LAUREN SMITH is a 3rd year medical student at Wayne State University School of Medicine.

---



ISSN: 2379-4550

<http://digitalcommons.wayne.edu/crp>, © 2016 The Author(s)

Licensed under [Creative Commons Attribution Non-Commercial 4.0](https://creativecommons.org/licenses/by-nc/4.0/)