Antithrombotic treatment in chronic heart failure and sinus rhythm: Systematic review


Authors
Caldeira D, Cruz I, Calé R, Martins C, Pereira H, Ferreira JJ, Pinto FJ, Costa J

Abstract
AIM
To assess the efficacy and safety of antithrombotic drugs (antiplatelet or anticoagulant drugs) compared to no antithrombotic treatment or placebo in patients with heart failure (HF) and sinus rhythm.

METHODS
We searched Medline and Cochrane Library for randomized controlled trials evaluating antithrombotic treatment and no antithrombotic treatment in patients with HF and sinus rhythm. Risk ratio (RR) and 95%CIs were estimated performing meta-analysis with random effects method.

RESULTS
Two studies met the inclusion criteria: Heart failure Long-term Antithrombotic Study and Warfarin/Aspirin Study in Heart failure, with 336 patients and mean follow-up 1.8-2.25 years. Stroke risk was not reduced by acetylsalicylic acid (RR = 1.18, 95%CIs: 0.17-8.15), oral anticoagulation (RR = 0.30, 95%CIs: 0.03-2.65) or overall antithrombotic drugs (RR = 0.52, 95%CIs: 0.10-2.74). Acetylsalicylic acid showed a significant increased risk of worsening HF (RR = 1.78, 95%CIs: 1.08-2.92), while oral anticoagulation had no impact in this outcome (RR = 1.03, 95%CIs: 0.61-1.75). Overall antithrombotic drugs showed a significant risk increase of major bleeding (RR = 6.99, 95%CIs: 0.89-54.64).

CONCLUSION
Best available evidence does not support the routine use of antithrombotic drugs in patients with HF and sinus rhythm. These drugs, particularly oral anti coagulation has the hazard of increase significantly major bleeding risk.

Keywords
Heart failure; Sinus rhythm; Platelet aggregation inhibitors; Anticoagulants

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