



Letter to the Editor

Reply: Health status, geriatric syndromes and prescription of oral anticoagulant therapy in elderly medical in-patients with atrial fibrillation: A prospective observational study



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Dear Editor

We agree with the content of the letter from Dr Jolobe OMP and, specifically we concur with his conclusion, where he underlines the fragile evidence for aspirin use in the prevention of atrial fibrillation (AF)-related stroke. According to recent European guidelines [1], our study aimed to assess prevalence of and variables associated with under-prescription of currently recommended anticoagulant therapy for AF patients, including vitamin K antagonists (VKAs) and new direct oral anticoagulants (DOAs), but not those associated with use or under-use of aspirin, which is currently not recommended for prevention of AF-related stroke.

However, in real-world practice aspirin is still largely used in a remarkable number of older AF patients considered by physicians not suitable for anticoagulant therapy [2]. Despite poor evidence of clinical benefit of aspirin in the prevention of AF-related stroke compared either with placebo and with anticoagulant drugs [3,4] and not negligible risk of bleeding particularly among the older and vulnerable patients [5], clinicians continue to perceive aspirin as a safer although marginally lower effective strategy for stroke prevention in these patients [6].

Therefore, it should not come as a new that also in our study roughly 30% of internal medicine and geriatric physicians decided to deny the anticoagulant option in favor of aspirin, and that “fear of bleeding” and “harm greater than benefit” were among the reasons why physicians withhold oral anticoagulation. Hopefully, new direct oral anticoagulants, which do not require laboratory monitoring, might help physicians to overcome one of the main reasons accounting for using aspirin instead of anticoagulant therapy in real world practice, that is “difficult or impossible management with VKAs”, which was reported by more than 30% of physicians interviewed in our study.

Conflict of interest

None.

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