

Impact of a regimen in direct oral anticoagulant therapy with a history of percutaneous coronary intervention and receiving antiplatelet therapy

C-34 Koichi Ochi, Yasuhiro Ichibori, Osamu Iida, Naoki Mori, Satoshi Nakawatase, Shinya Minami, Ken Koda, Yoshiharu Higuchi
Osaka International Medical & Science Center Osaka Keisatsu Hospital

Background: This study aimed at comparing two direct oral anticoagulant (DOAC) therapy regimens when initiated in patients with a history of percutaneous coronary intervention (PCI) and receiving antiplatelet therapy (APT). **Methods:** This retrospective analysis included patients with a history of PCI and receiving APT who underwent DOAC initiation between June 2011 and April 2018. Patients were stratified into the two groups based on DOAC regimen: once daily (OD, n=95) and twice daily (TD, n=127). The primary outcomes were all-cause mortality, major bleeding (defined by ISTH criteria), and embolic events (myocardial infarction, stroke, and systemic embolization). **Results:** The mean age and the frequency of female were similar between the two groups. During 5- year follow-up, the rate of major bleeding events was significantly lower in the TD group than the OD group (Figure), while mortality and embolic event were not. Even after adjustment with age, gender, body weight, heart failure history, hemoglobin level, and creatinine level, the TD group still demonstrated a lower risk of major bleeding events (adjusted HR: 0.42; 95% CI: 0.22-0.81; $P<0.01$). **Conclusion:** Tailoring DOAC therapy in patients with a history of PCI and concurrent APT may improve safety by reducing bleeding risks. Further prospective studies are needed to validate these findings.