

Anticoagulation therapy should not be restarted in non-valvular atrial fibrillation patients with anticoagulant-related lobar intracerebral hemorrhage

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Anticoagulation-related lobar intracerebral hemorrhage (ICH) is typically caused by cerebral amyloid angiopathy, a condition that predisposes elderly patients to high recurrent ICH risk. Based on a Markov state transition decision model stratified by location of hemorrhage, restarting anticoagulation in such patients with non valvular atrial fibrillation can cause an unacceptably high risk of recurrent ICH, a risk that outweighs any potential gain from embolic risk reduction. For such patients with prior lobar ICH, withholding anticoagulation therapy was strongly preferred, providing the patient almost 2 quality-adjusted life years. For this reason, it is preferable to consider non-anticoagulant based embolic prevention therapies in such patients who had anticoagulation-related lobar intracerebral hemorrhage attributable to cerebral amyloid angiopathy.