**GASTROINTESTINAL BLEEDING PROPHYLAXIS IN ATRIAL FIBRILLATION PATIENTS RECEIVING DABIGATRAN**

T. Nantsupawat1, S. Soontrapa1, N. Nantsupawat2, S. Klomjit2, **P. Tantrachoti2**,

D. Sotello2, H. Mazek2, A.P. Perez-Verdia1

1. Division of Cardiology, Department of Internal Medicine, Texas Tech University Health Sciences Center, Lubbock, TX, USA

2. Department of Internal Medicine, Texas Tech University Health Sciences Center, Lubbock, TX, USA

*Background and Aims*: Concerns have been raised regarding a significantly higher risk of gastrointestinal bleeding (GIB) with dabigatran as compared to warfarin. There is limited data on GIB prophylaxis in atrial fibrillation patients receiving dabigatran. We aim to assess whether proton pump inhibitor or H2-receptor antagonist (PPI/H2RA) treatment can lower the rate of GIB and what factors are associated with increased risk of GIB.

*Methods*: We reviewed 247 atrial fibrillation patients who used dabigatran at University Medical Center, Lubbock, Texas from October 1st 2010 to February 1st 2013. Risk factors for GIB, odds ratio (OR), and comparison of GIB between PPI/H2RA and non-PPI/H2RA groups were identified using Pearson Chi-square, Fisher’s exact test, and logistic regression.

*Results*: There were a total of 9 (3.6%) GIB events. The GIB rate was 10.9% in patients with HASBLED score >3, and 1.6% in patients with HASBLED score <3 (OR, 7.7; 95% confidence interval [CI], 1.9-31.9; P<0.01). The GIB rate was 13% in concurrent steroid use, and with 2.7% in non-steroid use group (OR, 4.87; 95% CI, 1.3-18.2; P=0.04). The GIB rate was 75% in patients with prior history of GIB within one year, and 2.5% in patients without prior history (OR, 30.25; 95% CI, 11.45-79.9; P<0.01). Patients who used PPI/H2RA had GIB rate of 11.1%, and 8.8% in patients who did not use (OR, 1.26; 95% CI, 0.30-5.22; P=1.00).

*Conclusions*: In our population a HASBLED score >3, concurrent steroid use, and prior history of GIB within one year were significant risk factors for GIB. PPI/H2RA use was not associated with lower rate of GIB in atrial fibrillation patients receiving dabigatran. Modifiable HASBLED risk factors, such as high systolic blood pressure, NSAIDs, or alcohol use should be corrected; risks and benefits should be cautiously reviewed before initiating dabigatran in high risk GIB group.