**ANTI-THROMBOTIC THERAPY FOR ATRIAL FIBRILLATION IN PATIENTS WITH CHRONIC KIDNEY DISEASE: CURRENT VIEWS**

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Multiple randomized placebo-controlled trials have shown that in patients with non-valvular atrial fibrillation (NVAF) and intermediate to high risk of ischemic stroke (CHA2DS2Vasc score OF 1 or more in males or 2 or more in females), warfarin, with the dose adjusted to produce an INR of 2 to 3, is capable of significantly reducing cardioembolic complications including ischemic stroke. More recently, newer (novel) oral anticoagulants (NOAC’s) have been shown to reduce cardioembolic risk (including ischemic stroke) to a similar extent as warfarin and have been associated with a bleeding risk similar to or less than that of warfarin. Virtually all of these randomized controlled trials assessing the efficacy and safety of warfarin and the NOAC’s excluded patients with stage IV and stage V chronic kidney disease (CKD), including those receiving dialysis. Several small non-randomized studies have assessed the efficacy and safety of warfarin in patients with NVAF and stages IV to V CKD. The results of these studies are mixed, with some showing improvement in cardioembolic risk, some showing no effect on cardioembolic risk, and some showing higher cardioembolic risk. Many of these studies have reported excessive bleeding risk. Randomized controlled trials comparing the efficacy and safety of NOAC’s with warfarin in patients with NVAF have shown comparable cardioembolic and bleeding risks in those whose creatinine clearance was 25 to 30 ml per minute or more, but less than 50 ml per minute (essentially stage III CKD). Recommendations concerning the use of NOAC’s in patients with NVAF and a creatinine clearance less than 25 to 30 ml per minute are not evidence-based. Currently, no specific guidelines exist concerning the use of anticoagulants in patients with NVAF and stage IV to V CKD, including those receiving dialysis. Warfarin is commonly use in such patients, but justification for its use remains questionable