

# DAPT use variable in patients with A-fib at risk of stroke

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single [antiplatelet therapy](#) were used in 37 and 34 percent, respectively. Within 30 days of PCI, 12.3 percent of patients switched from DAPT to monotherapy; 15 percent of patients received no antiplatelet therapy after PCI. In post-PCI patients, the rates of stroke/systemic embolism and major bleeding events were high in both treatment groups (4.5 and 10.2/100 patient-years, respectively).

"Rates of both thrombotic and bleeding events were high after PCI, highlighting the need for studies to determine the optimal antithrombotic therapy," the authors write.

Several authors disclosed financial ties to the pharmaceutical industry.

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(HealthDay)—For patients with atrial fibrillation at moderate to high risk of stroke, dual antiplatelet therapy (DAPT) use is variable among those undergoing percutaneous coronary intervention (PCI), according to a study published in the Aug. 22 issue of *JACC: Cardiovascular Interventions*.

Matthew W. Sherwood, M.D., from the Duke University School of Medicine in Durham, N.C., and colleagues examined use of DAPT and outcomes in patients undergoing PCI in the Rivaroxaban Once Daily Oral Direct Factor Xa Inhibition Compared with Vitamin K Antagonism for Prevention of Stroke and Embolism Trial in Atrial Fibrillation.

The researchers found that during a median of 806 days of follow-up, 1.1 percent of the 14,171 patients underwent PCI. Rivaroxaban-treated patients were significantly less likely to undergo PCI than those treated with warfarin (61 versus 92;  $P = 0.01$ ). Eighty-one percent of patients continued the study drug during PCI. Long-term DAPT and

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