

REVIEW

GASTROINTESTINAL BLEEDING IN PATIENTS UNDER ANTICOAGULANT AND ANTIPLATELET THERAPY – THE OPTIMAL APPROACH

Raluca-Ioana DASCALU¹, Luminita-Bianca GROSU¹, Andra-Ioana NUTA,
Madalina MIHAESCU¹, Camelia Cristina DIACONU^{1,2,3}

¹Department of Internal Medicine, Clinical Emergency Hospital of Bucharest, Romania

²University of Medicine and Pharmacy „Carol Davila”, Bucharest, Romania

³Academy of Romanian Scientists

Correspondence to: Raluca-Ioana Dascălu, Department of Internal Medicine, Clinical Emergency Hospital of Bucharest, Romania; E-mail: raluca-ioana.dascalu@rez.umfcd.ro

Abstract: *Gastrointestinal bleeding is one of the most common pathologies in patients who present to the emergency department, especially in those under anticoagulant or antiplatelet therapy. This therapy is fundamental in preventing and treating cardiovascular and cerebrovascular diseases in a wide spectrum of patients. When a bleeding event occurs, any anticoagulant or antiplatelet treatment should be interrupted. This interruption could significantly increase the risk of thromboembolic complications. Besides, clinicians should weight very carefully the moment and the circumstances for resuming the anticoagulant therapy depending on the severity of the bleeding, patients' comorbidities, drug interactions, thromboembolic and hemorrhagic risks. It is a serious problem and a decision difficult to make, considering that there is a lack of clinical practice guidelines about how to approach these situations.*

Keywords: *gastrointestinal bleeding, anticoagulant therapy, thromboembolic events.*

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Introduction

Gastrointestinal bleeding is one of the most common pathologies in patients who present to the emergency department. There is an increasing in the prescription of prescription of anticoagulants and antiplatelets worldwide, especially in the elderly and multimorbid patients, in order to prevent or treat cardiovascular and cerebrovascular diseases [1]. It is commonly known that the main downside of these therapies is represented by the hemorrhagic risks, the majority being with gastrointestinal or cerebral origin. When a bleeding event occurs, any anticoagulant or antiplatelet treatment should be interrupted,

but this interruption could significantly increase the risk of thromboembolic complications [2]. Acute gastrointestinal (GI) bleeding represents a life-threatening situation, particularly in patients under anticoagulants or antiplatelets. Hence, it is a real challenge for the clinician to appreciate the moment and the circumstances for resuming the anticoagulant therapy depending on several factors, such as the severity of the bleeding, patients' comorbidities, drug interactions, thromboembolic and hemorrhagic risks. Given the fact that there is a lack of clinical practice guidelines and limited data about an optimal approach of these situations, we aimed to find information in published