

Implications for daily practice

Risk of thrombosis increases with age particularly in patients over the age of 90. This is also the population that is most often not started on anticoagulation due to concern for bleeding, particularly in the setting of a risk for falls.

Risk of bleeding on a Vitamin K antagonist only mildly increases with age and is more pronounced in men than in women.

High risk of falls should not be a contraindication to anticoagulation in an elderly patient and some studies would suggest it should not be an important factor when deciding whether a patient is a good candidate for anticoagulation or not.

In AF, the CHADS2 score is a validated tool to assist with risk stratifying whether a patient would benefit from anticoagulation. Since many of the same risk factors for thrombosis are risk factors for bleeding, the HAS-BLED score can help estimate the 1 year risk of major bleeding. Of note, it still has not been externally validated in its original form.

The Bottom Line:

Physicians are often hesitant to start anticoagulation in the very old based on age alone or fall risk.

Risk of thrombosis increases with age and therefore anticoagulation, if indicated, should be considered in the eldest patients even if they are at risk for falls.

Answer: B, Stop aspirin, and begin warfarin

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References

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