

# Haemorrhage and Survival: Oral Anticoagulation Challenges in the Emergency Setting



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## 1. BACKGROUND

- Bleeding from oral anticoagulants (OACs), i.e., warfarin & direct OAC (DOACs), is a common ED presentation.
- Effective management requires understanding bleeding risks, reversal strategies, & associated mortality.

## 2. OBJECTIVE

- To compare the clinical profile, bleeding severity, and mortality outcomes among patients on warfarin versus DOAC who required anticoagulation reversal due to bleeding.

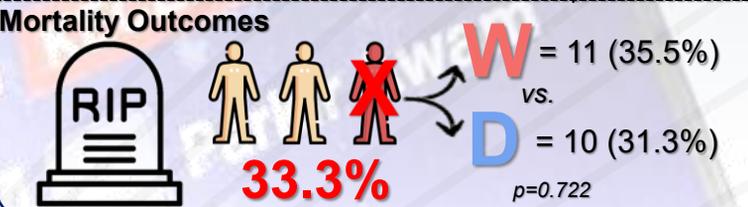
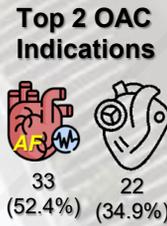
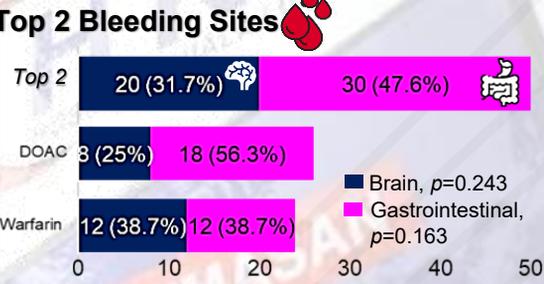
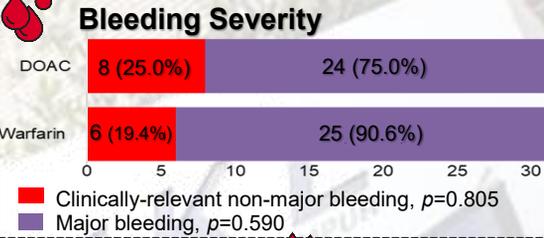
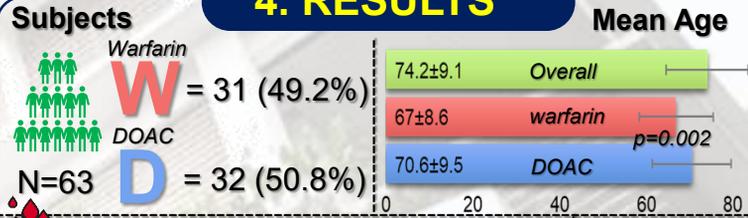
## 3. METHODS

- Prospective, Single-centre, Observational Study
- All adult patients on OAC who received 4F-PCC or Idarucizumab for reversal
- 06/2023 to 03/2025 (22 months)
- Hospital Kuala Lumpur
- Sampling method** – Total population
- Primary endpoints**
  - In-hospital all-cause mortality
- Bleeding definitions** – follows ISTH 2015

## 6. CONCLUSION

- Warfarin & DOAC-related bleeding in the ED presented with comparable severity and mortality rates despite age differences.
- The gastrointestinal and brain were the most common sites of haemorrhage, emphasising the critical need for prompt recognition and intervention in the ED to optimise patient outcomes.

## 4. RESULTS



## 5. DISCUSSION

- Demographics (except age) & mortality (2<sup>nd</sup> highest) – similar to existing literature.
- Anticoagulated patients with bleeding present major challenges in the ED.
- Rapid recognition & reversal are critical, guided by clear protocols & timely access to reversal agents.
- Despite being younger, warfarin-treated patients had comparable bleeding severity & mortality to those on DOACs.

**7.** *“They bled the same, both young and old, Their outcomes grim, their stories bold. Not which OACs, but how we act, Defines survival in the final act.”*

**Keywords:** Oral anticoagulant, warfarin, DOAC, 4F-PCC, bleeding

### References

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