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POSTER PRESENTATION

Clinical Outcomes of Warfarin Alone *versus* Warfarin–Aspirin Combination in Patients with Mechanical Heart Valves

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01 BACKGROUND

After mechanical valve replacement, the best antithrombotic regimen is still debated, because international guidelines do not agree on a single approach.

In everyday practice this means some patients take warfarin alone while others also take low-dose aspirin. Local data on how each approach performs can inform future treatment strategies.

02 OBJECTIVES

1. Review how anticoagulation is prescribed to patients with mechanical heart valves
2. Assess the efficacy and safety of keeping patients within the target INR
3. Analyse thromboembolic and bleeding outcomes

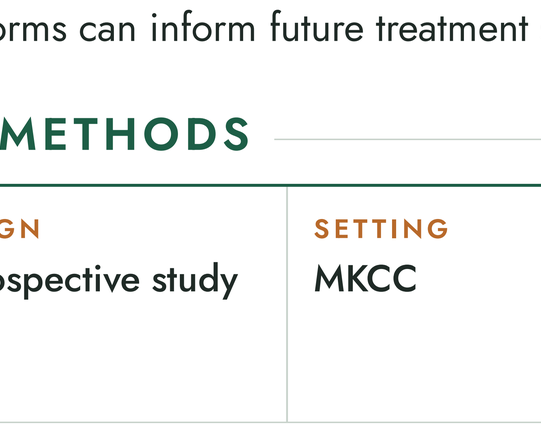
03 METHODS

DESIGN	SETTING	PATIENTS	PERIOD	DATA	SOFTWARE
Retrospective study	MKCC	195 with mechanical heart valves on long-term therapy	October 2022 to April 2023	Electronic records plus telephone follow-up	SPSS

Analysis: descriptive statistics for sociodemographic and clinical characteristics. **Chi-square** (or **Fisher's exact** where applicable) for categorical associations; **Mann–Whitney U** to compare INR between warfarin alone and warfarin plus aspirin. Significance at $p \leq 0.05$, 95% CI throughout.

04 RESULTS

TREATMENT SPLIT



- **50.8%** warfarin alone
- **49.2%** warfarin + low-dose aspirin

INR CONTROL



Month 4: 3.5 vs 3.0; **p = 0.006**

Overall mean: 3.3 vs 3.2; p = 0.151

BLEEDING

38.5%

of patients on warfarin plus aspirin had at least one bleeding event.

The difference between the two groups was statistically significant.

Four-month follow-up: a notable rise in INR levels was seen in the warfarin-alone group.

05 CONCLUSION

Adding aspirin to warfarin **improves INR stability but raises the risk of bleeding**. Careful anticoagulation management, consistent monitoring and treatment tailored to the patient are essential to balance efficacy against safety in mechanical valve recipients.

What adding aspirin changes

- ▲ **INR stability** — greater in the combination group
- ▲ **Bleeding risk** — any bleeding event: 38.5%

MKCC, Bahrain · INR = international normalised ratio