

**Bleeding events among elderly antiplatelet users: Are we overprescribing?**

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The elderly population is more susceptible to major adverse cardiac events and hence antiplatelets are frequently prescribed. Balancing the benefit of preventing thrombotic events versus eliminating the risk of bleeding can be challenging in the geriatric population. The objective was to determine the incidence of bleeding events and inappropriate use of antiplatelets among the elderly population attending clinics at University Hospital KDU. This was a retrospective study, which extracted data from 209 patients, over the age of 60 who had been on an antiplatelet medication for at least one year, via interviews and medical records. The frequency distribution of variables was presented as percentages. Associations were analyzed for significance using the Chi-square test with a 95% confidence interval. The study population included 51.7%(n=108) males and 48.3%(n=101) females. The incidence of total bleeding events was 38.3% (n=80). Dual antiplatelets were used by 23.4%(n=49) of the population and 76.6%(n=160) of the population was on a single antiplatelet. Among those 21.3%(n=17) were admitted to the hospital. Cutaneous bleeding, reported in 22.5% (n=47) is the commonest bleeding manifestation. The prescribing error rate was 22.5%(n=47). Dual antiplatelet therapy was erroneously continued beyond the recommended period for 24(51%) patients after myocardial infarction, in 3(6.4%), following percutaneous intervention, in 1(2.1%) following minor stroke and in 2 (4.3%) following stroke. Sixteen (n=34%) patients more than 70 years old were given antiplatelets as a primary prevention. One patient (2.1%) was prescribed antiplatelet despite having <10% 10-year cardiovascular risk. One in five elderly patients were erroneously continued on antiplatelets. Being updated with current guidelines on antiplatelet use as well as regular review of medication will prevent bleeding events due to overprescribing.

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