ClinicalPractice

Atrial fibrillation, state of CKD-5 and anticoagulation with Warfarin

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Editorial

Warfarin anticoagulation has used since decades for the widespread diagnosis of atrial fibrillation in order to prevent embolism. This context does become difficult, when the state of the patient's kidney function shifts to the state of CKD-5. Cardiologists generally continue the prescription of Warfarin, as they do not see the complications of bleeding. There is a crucial interaction between Warfarin and Heparin in dialysis patients. This does not mean that the admittance of Warfarin in CKD-5 patients is impossible, but the assessments between the pros and cons should be adequate, so that the treated patient has a definite benefit by the Warfarin therapy. In case of a metallic heart valve replacement or in case of a genetic factor V deficiency, there is an absolute indication for Warfarin therapy, no way out. In the case of atrial fibrillation when treated with Warfarin, the bleeding problems of CKD-5 patients are severe complications. The cardiologist, who had started this problematic therapy, did not see these bleeding problems. There is only the very questionable CHAD-Score for the treatment of atrial fibrillation with Warfarin with experience from patients without dialysis therapy. These results had transferred to the state of CKD-5 patients. THIS is the background of this problem! Here we have a relative indication for Warfarin (in state of CKD-5) with big risk of bleeding. The one-and-only is to omit this crucial Warfarin therapy in patients of CKD-5 state.

Other anticoagulants (e.g. Rivaroxaban or Dabigartran) has not allowed in state of CKD-5 because of kinetic problems and a lack of experience.

Perhaps one relative of a nephrologist suffers in atrial fibrillation, perhaps there was a personal episode of embolism with neurologic symptoms of him. THIS patient has healthy kidneys. Because of this, this nephrologist perhaps suggests the Warfarin therapy even in a CKD-5 patient.

RRT is an invasive therapy. Indications for therapy should done with knowledge, experience, skill and a critical distance to assess the best option for the individual patient. The treatment of a relative will have always a bigger problems, this interferes with the basic targets of principles of therapy.

In conclusion, the atrial fibrillation is a *weak indication* for the treatment of Warfarin because of widespread bleeding complications in CKD-5 patients. This will always derived from a very questionable cardiologic CHAD score, using the experience from patients with healthy kidneys. That is why we can *forget* this utterly questionable cardiologic CHAD Score for the cohort of CKD-5 patients.

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