

Editorial Note on Atrial Fibrillation in Elderly Patients

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EDITORIAL

Atrial fibrillation is becoming more common in the elderly, and both atrial fibrillation and age are independent risk factors for stroke. Atrial fibrillation (AF) is one of the world's most common cardiovascular illnesses. AF is linked to a fivefold increase in stroke risk, and it is responsible for one in every five incidents of stroke. Not only is AF related with an increased risk of stroke, but it is also related with an increased risk of heart failure and all-cause death. AF has also been linked to silent brain lesions, cognitive decline, and dementia. When AF is identified, most patients begin anticoagulant medication to avoid stroke and other thromboembolic events, dramatically lowering morbidity and death.

Antithrombotic prophylaxis is critical for individuals with AF to avoid comorbidities, enhance quality of life, and minimise mortality. Direct oral anticoagulants (DOACs) have been routinely utilised in patients with atrial fibrillation (AF) since 2009 to avoid stroke or systemic embolism. Many studies have shown that the main DOACs (apixaban, edoxaban, rivaroxaban, and dabigatran) are more effective in antithrombotic therapy than warfarin (one of the standard medicines for stroke prevention in people with AF). When compared to warfarin, these medicines can inhibit thrombin directly or activated factor X(Xa), have fewer drug interactions (avoiding the need for careful diet control), and have a faster beginning of action.

Despite the extremely high risk of stroke, the elderly have been strangely less likely to take oral anticoagulant medication. When

compared to younger patients, the elderly had a greater risk of bleeding during anticoagulant medication. Bleeding is one of the most prevalent side effects of anticoagulant medication in people with AF. The elderly's fear of bleeding may explain their underuse of oral anticoagulants. When there was no significant difference in the efficacy of DOACs between the old and the young, assessing safe medications is more important for the senior patients. Following a 10-year development in the use of DOACs, a number of systematic reviews and meta-analyses have conducted detailed studies on the main DOACs in patients with AF to evaluate their efficacy and safety, indicating that apixaban provided the most favourable efficacy and safety profile in patients with AF of all ages.

Currently there are no recommendations or guidelines for the use of DOACs in the elderly. It is yet unknown whether apixaban is the optimum treatment for older people with AF. The current study's goal was to provide recommendations for the use of DOACs in elderly patients and to assist clinicians in making the best decision based on the individual conditions of the elderly patients, as well as to maximise the benefits of the drugs for stroke/systemic embolism prevention while minimising the risk of major bleeding. We used a network meta-analysis with a Bayesian random-effect model to examine the efficacy and safety of DOACs in elderly patients with AF. Network meta-analysis can analyse several therapy options at the same time and rank therapies based on efficacy and safety, providing physicians with a reference to help them choose the optimal treatment for their patients.

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Received: May 20, 2021, **Accepted:** May 25, 2021, **Published:** May 30, 2021

Citation: Babu GS (2021) Editorial Note on Atrial Fibrillation in Elderly Patients. *J Gerontol Geriatr Res.* 10: 552.

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