

**Incidence, and Correlated of Nuisance Bleeding Following Anti-Platelet Therapy for Patient with Drug Eluting Stent**

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Background: Superficial or nuisance bleeding following dual antiplatelet therapy (DAT) is not well characterized despite its potential to impact patients(Pts) compliance. The aim of our study was to evaluate the incidence to detect correlates of nuisance bleeding

Methods: The study consisted of 2948 pts undergoing successful DES implantation who were discharged on DAT for 12 month. A new bleeding calcification was used alarming bleeding, Internal bleeding, Nuisance bleeding to allow a better covering the entire spectrum of bleeding complication. Pts were contacted at 30 days 6 and 12 months and annually and the data regarding bleeding complications and clinical events were collected prospectively.

Results: After excluding Pts with alarming bleeding 9 (0.3%) and internal bleeding 128 (4.3%) the 2811 Pts were divided into two groups with or without nuisance bleeding 812(28.8%) and 1999 (70.3%) respectively. Pts with nuisance bleeding were significantly younger  $63.0 \pm 11.4$  yeas vs. the group without bleeding  $65.2 \pm 11.6$ ,  $p < 0.001$ , had more Caucasians (82.0% vs. 69.6%,  $p < 0.001$ ) and lower BMI ( $29.2 \pm 6.1$  vs.  $29.8 \pm 6.0$  kg/m<sup>2</sup>,  $p = 0.01$ ). The prevalence of diabetes was significantly lower in the nuisance bleeding group 25.5% vs. 34.8%,  $p < 0.001$ . Clopidogrel was discontinue in 94(10.1%) of the Pts with alarming and nuisance bleeding. In the nuisance bleeding group 46(5.7%) stoped one or both anti-platelet therapy, with 35(4.3%) discontinue clopidogrel, 16(2.0%) stopped aspirin and 5(0.61%) stopped both as a result of the reported nuisance bleeding. All Pts without nuisance bleeding were on DAT. Multivariate analysis detected younger age, lower BMI, Caucasian race, and non diabetes as correlates associated with nuisance bleeding while on DAT.

Conclusion: Nuisance bleeding is common in Pts on prolonged DAT post PCI with DES implantation and can impacts on compliance. Nuisance bleeding should be added to the safety endpoints of clinical trials assessing new antiplatelet agents.