Ximelagatran reduced venous thromboembolism more than warfarin after total knee replacement


Clinical impact ratings IM/Ambulatory care ★★★★★ Internal medicine ★★★★★★ Haematology ★★★★★☆

MAIN RESULTS

Fewer patients who received ximelagatran, 36 mg, had an occurrence of the composite primary endpoint than did patients who received warfarin (table). The ximelagatran 24 mg group did not differ from the warfarin group (table). Neither ximelagatran group differed from warfarin for the secondary composite endpoint of proximal DVT, PE, and all cause mortality (p values >0.10). Groups did not differ for bleeding (table).

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Ximelagatran (X), 36 mg or 24 mg twice daily, vs warfarin after total knee replacement at 7–12 days*

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>X dose</th>
<th>Event rates</th>
<th>RRR (95% CI)</th>
<th>NNT (CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Composite primary endpoint</td>
<td>36 mg</td>
<td>20.3% v 27.6%</td>
<td>26% (9.9 to 40)</td>
<td>14 (9 to 40)</td>
</tr>
<tr>
<td></td>
<td>24 mg</td>
<td>24.9% v 27.6%</td>
<td>9.8% (–8 to 25)</td>
<td>Not significant</td>
</tr>
<tr>
<td>Major bleeding</td>
<td>36 mg</td>
<td>0.8% v 0.7%</td>
<td>18% (–61 to 264)</td>
<td>Not significant</td>
</tr>
<tr>
<td></td>
<td>24 mg</td>
<td>0.8% v 0.7%</td>
<td>20% (–61 to 270)</td>
<td>Not significant</td>
</tr>
</tbody>
</table>

*Composite primary endpoint = venous thromboembolism, pulmonary embolism, and all cause mortality. Abbreviations defined in glossary; NNT, NNH, and CI calculated from data in article.
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