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## Dabigatran vs. warfarin for treatment of atrial fibrillation

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**Background:** Atrial fibrillation is associated with heart related mortality and increased risk of stroke. Warfarin, a vitamin K antagonist had been the standard therapy for years since mid-20th century for AF and other blood coagulation disorders until recently the non-vitamin K antagonist, dabigatran came about as another option for prevention of stroke in patients with non-valvular atrial fibrillation. The “net benefits” of this new oral anticoagulant are questioning with regards to its’ efficacy and safety outcomes. The “net benefits” of dabigatran must outweigh the disadvantages and benefits must be greater than the standard therapy for dabigatran to be considered primary treatment option for atrial fibrillation.

**Objective:** To assess and compare the efficacy and safety of dabigatran with warfarin in patients with atrial fibrillation (AF) in preventing the recurrence of blood clot, lower risk of internal bleeding or hemorrhage in treated patients.

**Methods:** PubMed, Embase, and CINAHL were searched for studies pertaining to dabigatran, warfarin and atrial fibrillation limited to human studies, observational studies, randomized clinical trials, controlled clinical trials, and clinical trials.

**Results:** Dabigatran has been linked to reduced risk of stroke and life threatening bleeding, all-cause mortality and intracranial hemorrhage compared to warfarin. The high dose regimen of dabigatran demonstrated better safety and efficacy than the low dose demonstrated.

**Conclusion:** Dabigatran may be superior to warfarin in patients with atrial fibrillation.

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