


Comparison of Anticoagulants

Apixaban and rivaroxaban are the most commonly used oral anticoagulants for the treatment of acute venous thromboembolism. An international study with a prospective, randomized, open-label, and blinded endpoint design investigated the extent to which the risk of bleeding differs between the two anticoagulants. For this purpose, 2,760 patients with acute symptomatic pulmonary embolism or proximal deep vein thrombosis were randomized in a 1:1 ratio to receive either apixaban (n = 1,370) or rivaroxaban (n = 1,390) for three months. Apixaban was administered at a dose of 10 mg twice daily for seven days, followed by 5 mg twice daily, while rivaroxaban was administered at a dose of 15 mg twice daily for 21 days, followed by 20 mg daily. The primary endpoint was clinically relevant bleeding, defined as a combination of major bleeding or clinically relevant non-major bleeding. Secondary endpoints included all-cause mortality. After three months, events related to the primary endpoint occurred in 44 of 1,345 patients (3.3%) in the apixaban group and in 96 of 1,355 patients (7.1%) in the rivaroxaban group (relative risk [RR]: 0.46; 95% confidence interval [CI]: 0.33 to 0.65; $p < 0.001$). All-cause mortality occurred in one patient (0.1%) in the apixaban group and in four patients (0.3%) in the rivaroxaban group (RR: 0.25; 95% CI: 0.03 to 2.26). Serious adverse events not related to bleeding or venous thrombosis were reported in 36 patients (2.7%) in the apixaban group and in 30 patients (2.2%) in the rivaroxaban group. According to the authors, the results show that the risk of clinically relevant bleeding during a three-month treatment period in patients with acute venous thromboembolism was significantly lower with apixaban than with rivaroxaban. **vh** 

Quelle: Castellucci LA et al.: Bleeding Risk with Apixaban vs. Rivaroxaban in Acute Venous Thromboembolism. *N Engl J Med.* 2026;394(11):1051-1060. doi:10.1056/NEJMoa2510703