Early versus Late initiation of direct oral Anticoagulants in post-ischaemic stroke patients with atrial fibrillation

ELAN

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BACKGROUND

When to start anticoagulation in patients with an acute ischaemic stroke and atrial fibrillation (AF) is a relevant unanswered question in clinical practice. Direct oral anticoagulants (DOACs) are highly effective for secondary stroke prevention in these patients, but DOACs were never initiated <7 days after stroke onset in recent trials. The ELAN trial will determine the net benefit of early versus late initiation of DOACs in patients with acute ischaemic stroke related to AF.

RESULTS

Recruitment started in October 2017 and is currently ongoing in 13 Swiss, 2 German and 1 Greek site. 50 patients have been randomised so far (Figure 1). Within the next weeks and months, multiple sites will follow in Germany, Portugal, Norway, UK, Austria, Finland, Israel, Italy and Greece.

Figure 1: Patient and site recruitment over time

METHODS

The international, multicentre, randomised-controlled, two-arm, assessor-blinded trial ELAN will randomise 2'000 patients into the experimental arm (early treatment; 1'000) or control arm (late treatment, 1'000). DOACs initiation will vary depending on lesion size. Main inclusion criteria are signed informed consent, age >18 years, confirmed ischaemic stroke and AF and agreement of treating physician to prescribe DOACs. The primary outcome is a composite of major bleeding, recurrent ischaemic stroke, systemic embolism and/or vascular death at 30 ± 3 days after randomisation (Figure 2).

Figure 2: Trial schedule.

CONCLUSIONS

This pragmatic investigator-initiated international trial will add evidence to the best time of starting DOAC after ischaemic stroke in patients with AF. If earlier initiation of DOACs in patients with ischaemic stroke related to AF is shown to be safe and efficacious, this could have a major impact on better treatment adherence, length of hospital stay and patient outcome.