

Appendix 6: Association between anticoagulation intensity and risk of events in studies recording intracranial or fatal hemorrhages alone*

International normalized ratio	Hemorrhagic events (n = 356 546)		Combined events (n = 214 095)†	
	Relative risk (95% CI)	Absolute risk (95% CI)	Relative risk (95% CI)	Absolute risk (95% CI)
< 2	1.4 (0.8–2.5)	0.5 (0.3–0.9)	3.1 (2.6–3.6)	4.1 (2.7–6.2)
2–3	1.0 (Ref)	0.3 (0.3–0.4)	1.0 (Ref)	1.3 (0.7–2.3)
3–5	3.1 (2.0–4.6)	1.0 (0.7–1.7)	2.0 (1.6–2.4)	2.6 (1.2–5.5)
> 5	28.8 (12.6–66.0)	9.9 (4.0–24.7)	16.7 (12.3–22.6)	22.0 (9.0–52.8)

Note: CI = confidence interval.

*Studies by the ESPRIT group,¹ Hylek² and Oden.³

†Oden did not report thromboembolic events and we excluded this study from our analysis of combined events.

References

1. ESPRIT Study Group; Algra A. Medium intensity oral anticoagulants versus aspirin after cerebral ischaemia of arterial origin (ESPRIT): a randomised controlled trial. *Lancet Neurol* 2007;6:115-24.
2. Hylek EM, Go AS, Chang Y, et al. Effect of intensity of oral anticoagulation on stroke severity and mortality in atrial fibrillation. *N Engl J Med* 2003;349:1019-26.
3. Oden A, Fahlen M. Oral anticoagulation and risk of death: a medical record linkage study. *BMJ* 2002;325:1073-5.