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**Patient Information Regarding New Oral Anticoagulants (OAC) in Atrial Fibrillation**

Atrial fibrillation is one of the most common rhythm disturbances in cardiology. It can result in lightheadedness, dizziness and even a fainting episode. One of the biggest risks of atrial fibrillation is an ischemic (due to a blood clot) stroke. To reduce this risk we first calculate your risk using the CHA2DS2VASc scoring system. Anyone with a score greater than one should be on a OAC.

**YOUR CHA2DS2VASc IS \_\_\_\_\_ STROKE RISK IS \_\_\_\_\_% per year. CrCl IS \_\_\_\_\_**

For many years the only option available to patient's was **warfarin**. Warfarin is an indirect thrombin inhibitor which depletes clotting proteins in the blood. It has a very narrow safety window and therefore regular monitoring of your blood is required (keep INR 2-3). In addition to the regular blood work and there are many dietary restrictions and potential drug interactions. On the positive side the drug is inexpensive and can be reversed through the administration of blood products or vit K.

Recently 4 new oral anticoagulants have been developed. They are **Dabigatran (PRADAXA)** , **Rivaroxiban (XARALTO)** **Apixaban (ELIQUIS)** and **edoxaban (SAVAYSA)**. They are much simpler to use and do not require frequent monitoring. They have less dietary restrictions and less drug interactions. They have a much wider safety margin but like warfarin they do increase the risk of bleeding. All 4 of these agents are **superior** to warfarin with respect to the most feared complication of oral blood thinners (a bleed in the head). They reduce the risk of this type of bleeding by about 50-70%.

All four drugs have high quality clinical trials supporting their use in atrial fibrillation and also for dep vein thrombosis and pulmonary embolism. Each of these drugs has to be used with caution in patients with renal (kidney) impairment and a **lower dose** is available. All four drugs now have a antidote (reversal agent) for serious bleeding. Pradaxa’s is called **Praxibind** and for the rest we use **Andexxa**.

The main downside of these new drugs is that they are **expensive** and it is important that you check whether your specific insurance carrier covers the medication at an affordable rate.

These drugs are a significant improvement in our ability to reduce your risk of a stroke with atrial fibrillation while minimizing the risk of causing a hemorrhagic stroke. **It is my strong opinion that if these agents are affordable for you that they should be preferred over warfarin.**

Please feel free to discuss this further with me or with your other doctors about the right choice for you.

I have read and understand this information.

**NAME** \_\_\_\_\_ **DATE** \_\_\_\_\_