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New Oral Anticoagulants in Atrial Fibrillation and Venous Thromboembolism

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 choosing the right dose of the blood thinner.

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. Blood clots can also occur in the legs (deep vein thrombosis) and break off to the lungs (pulmonary embolism)

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** 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%.

Both Dabigatran (PRADAXA) and Apixaban (ELIQUIS) are **superior** to warfarin with respect to reducing ischemic strokes by an additional 25%. Rivaroxiban (XARALTO) and edoxaban (SAVAYSA) are **equivalent** to warfarin with respect to reducing ischemic strokes but have the advantage of being once a day versus twice a day therapy. Each of these drugs has to be used with caution in patients with renal (kidney) impairment.

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. In addition 3 of these medications do not have an **antidote**. Dabigatran (PRADAXA) can be dialyzed out in an emergency and has an antidote **Praxbind** while the other agents can be reversed with **Andexxa**.

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 _____