

Anticoagulation Options

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Case 1 – Mrs Greenhough

- * 89 year old lady, 55kg.
- * history of CVD newly diagnosed AF
- * PMHx Osteoarthritis, Hypertension 170/80 and Osteopenia.
- * She drinks a small sherry each evening
- * Normal bloods BUT CrCl of 35 ml/min
- * Dhx- alendronic acid, simvastatin, aspirin, bisoprolol, cod liver oil, Ca and Vit D.

Mrs Greenhough - continued

- * What are the relative risks and benefits of starting OAC ?
- * What could you do to reduce her risk of haemorrhage?
- * What clinical and logistical factors would you consider in decision whether to give warfarin or NOAC to her?

Mrs Greenhough - continued

- * Risks and benefits of OAC in AF patients can be assessed using :-
 - * *CHA₂DS₂VaSc*
 - * $C = 0, H = 1, A_2 = 2, D = 0, S = 0, V = 1, Sc = 1$ Total = 5
 - * *HASBLED*
 - * $H = 1, A = 1, S = 0, B = 0, L = 0, E = 1, D = 1$
 - * Total 4

Mrs Greenhough - continued

- * Her haemorrhage risk could be reduced by:-
 - * *Better control of BP ?*
 - * *Review cod liver oil ?*
 - * *Review bisphosphonate ?*

Mrs Greenhough - continued

* *Clinical factors*

- * *CI's; bleed risk, HT, thrombocytopenia, liver disease etc...*
- * *Other ; renal function, stroke < 2 weeks, pregnancy, active malignancy, prosthetic heart valve etc...*

* *Logistical factors*

- * *Compliance aid, concordance, swallowing difficulties, eating habits*

Case 2 - Mr Dalton

- * Suspected DVT (Wells and d Dimer)
- * 42 years
- * This will be his second clot in 5 years following flight back from USA.
- * He travels - found it hard to come in for the monthly Warfarin (INR) checks when he was being treated.

Mr Dalton Cont'd

- * What other factors would you consider before treating him with a NOAC as per pathway?
 - * *U&E's ?*
 - * *Bleed Risk ? low haemorrhage risk and no history of or active bleeding*
 - * *Renal Function ? he has no history of renal dysfunction and is looking otherwise fit and healthy*

Mr Dalton Cont'd

- * Which NOAC would you choose to give him ?
and what dose?
- * *Rivaroxaban 15mg*
- * *Apixaban 10mg*

NOAC/Warfarin Quiz

Quiz – Answers 1

- * 1. Which oral anticoagulant can cause alopecia?
 - * warfarin
- * 2. which can be given once a day?
 - * Warfarin, rivaroxaban
- * 3. which is suitable for a compliance aid?
 - * Apixaban, rivaroxaban
- * 4. which do you need to give a lower dose if patient over 80 yrs old?
 - * Dabigatran/apixaban
- * 5. which one is suitable for prosthetic heart valve?
 - * warfarin

Quiz – Answers 2

*6. Which one not licensed for Cr Clearance <30?

- * Dabigatran

*7. Which one has to be swallowed whole?

- * Dabigatran

*8. Which NOAC has a higher risk of GI Bleed as compared to warfarin?

- * Dabigatran , rivaroxaban

*9. Which NOAC has a high risk of dyspepsia?

- * Dabigatran , rivaroxaban

*10. Which one increases risk of MI?

- * Dabigatran

Quiz – Answers 3

*11. Which NOAC has no antidote?

- * All of them

*12. which groups of drugs do you need to be careful of with NOACS?

- * St. johns wort
- * Azole antifungals – Fluconazole OK with Rivaroxaban
- * Antiepileptics – CBZ , Phenytoin, Phenobarbitone
- * Dronedarone
- * HIV protease inhibitors
- * Clarithromycin with Dabigatran, OK with Rivaroxaban
- * Ciclosporin & Tacrolimus with Dabigatran

Questions ?