Latest Frontiers in Anticoagulation Therapy

Your key questions for 2018 clinical practice addressed

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HEALTH THROUGH KNOWLEDGE

Appropriate use of NOACs: What is the state of the art for 2018?

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State of the art: Choice of OAC

Indication	Preferred	Reason	Alternative
VTE prevention			
Elective hip & knee	NOAC	Convenience	LMWH
Other	LMWH*	Superior safety (bleeding, HIT), greater convenience	Heparin
VTE treatment	NOAC	Superior safety, greater convenience	VKA
VTE cancer	NOAC?	Greater convenience	LMWH
AF	NOAC	Superior efficacy and safety, greater convenience	VKA

*versus heparin; not tested against NOAC

State of the art: NOAC management

Activity	
Frequency of F/U	At least once per year; more often early and if renal impairment
F/U checklist	Dosing, persistence, adherence, bleeding, renal function, drug-drug interactions, interruption
Renal Function	Check every CrCl/10; avoid NOACs if CrCl <30 mL/min
Drug-drug interactions	Antifungal, antibiotic (macrolide), anti-convulsant, immuno-suppressive, anti-HIV, other (dronedarone, verapamil, rifampicin)
Interruption	Standard bleeding risk: 1 day* High bleeding risk: 2 days*

*May be longer if renal impairment

Heidbuchel H, et al. Europace (2015) 17, 1467–1507.