

NOACs in the community

The Cardiologist perspective

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Case study

- 77 year old man presented to the ER
- 1.5 hours of blurred speech and RT hand numbness
- Physical examination : normal
- ECG : NSR (during the ride in the EMS a short strip of A fib was documented)
- DM
- HTN

CASE STUDY

Clinical history	Concomitant medications	Examination
<ul style="list-style-type: none">Well-controlled diabetes mellitusPeripheral artery disease	<ul style="list-style-type: none">MetforminEnalaprilASAAtorvastatin	<ul style="list-style-type: none">BP: 135/80mmHgPulse: 85 bpmCrCL: 62 ml/min

- Neurology counseling –TIA
- Cardiology counseling – once A fib needs OAC+ beta blocker
- Ambulatory follow up was advised

Risk scores

CHADS ₂	CHA ₂ DS ₂ -VASc	HAS-BLED
<ul style="list-style-type: none">• CHF	<ul style="list-style-type: none">• CHF	<ul style="list-style-type: none">• Hypertension ←
<ul style="list-style-type: none">• Hypertension ←	<ul style="list-style-type: none">• Hypertension	<ul style="list-style-type: none">• Abnormal renal function
<ul style="list-style-type: none">• Age ≥75 years ←	<ul style="list-style-type: none">• Age ≥75 years	<ul style="list-style-type: none">• Abnormal liver function
<ul style="list-style-type: none">• Diabetes mellitus ←	<ul style="list-style-type: none">• Diabetes mellitus	<ul style="list-style-type: none">• Stroke
<ul style="list-style-type: none">• Prior stroke or TIA ←	<ul style="list-style-type: none">• Prior stroke or TIA	<ul style="list-style-type: none">• Bleeding
	<ul style="list-style-type: none">• Vascular disease	<ul style="list-style-type: none">• Labile INRs
	<ul style="list-style-type: none">• Age 65–74 years	<ul style="list-style-type: none">• Elderly (age >65 years) ←
	<ul style="list-style-type: none">• Female	<ul style="list-style-type: none">• Drugs
		<ul style="list-style-type: none">• Alcohol

CHF = congestive heart failure; INR = international normalized ratio; TIA = transient ischaemic attack

Case study

The patient was discharged from the ER:

➤ Dabigatran 110 mg x2

➤ Bisoprolol 5 mg x1

Family physician

- Elderly patients
- Community follow up
- Co morbidities
- Health basket
- Lab test follow up

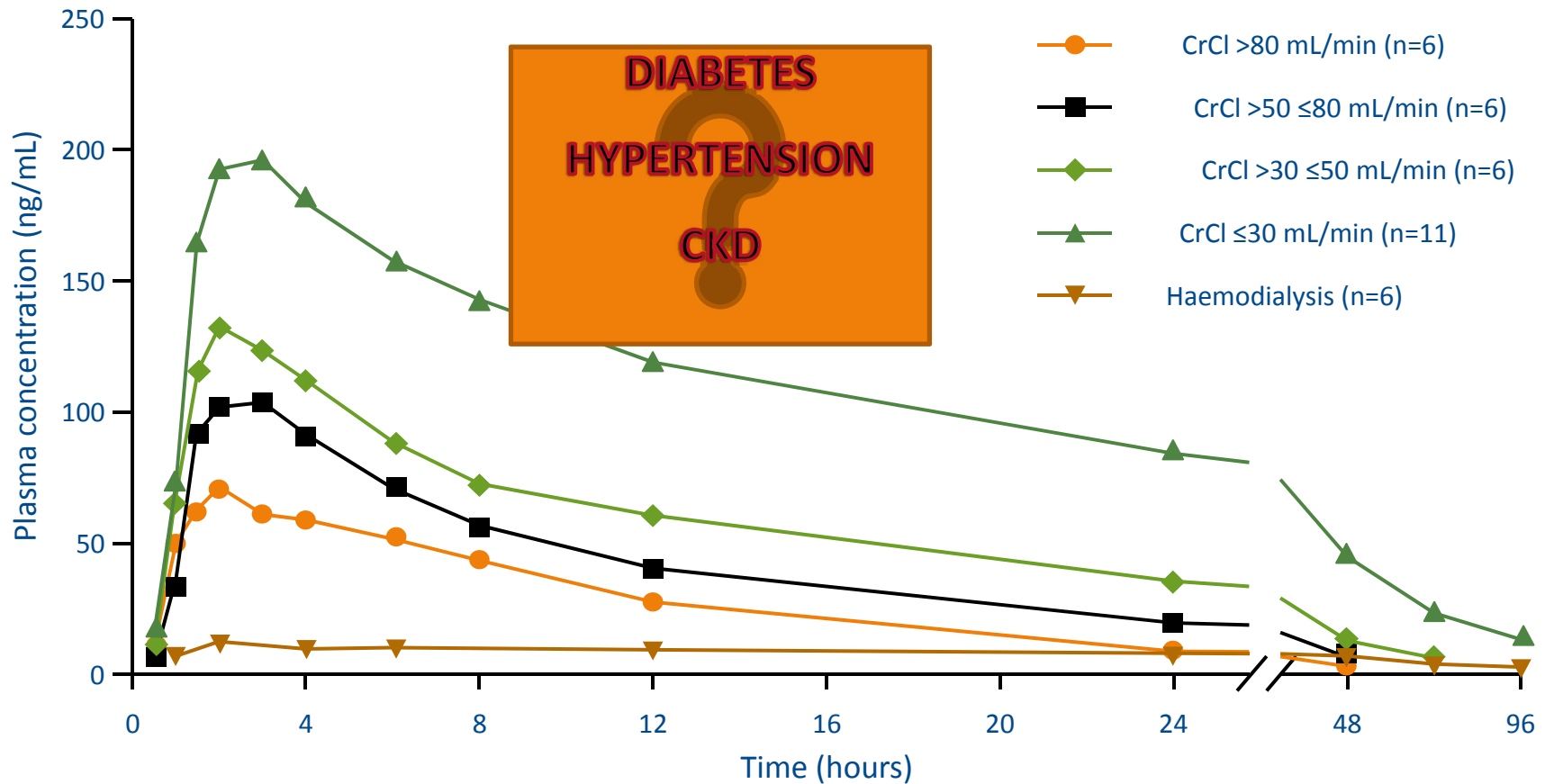
Case study- 9 month later...

- The patient complains of new onset angina on effort in a crescendo pattern.
- Coronary angiography: Prox LAD-85%, DES.
- A week later:

At the family physician clinic

- **Needs for DAP combined with OAC**
- **Deteriorating CrCl post angiography
40ml/min**

Exposure to dabigatran is increased by renal impairment and correlates with the severity of renal dysfunction



Concomitant antiplatelet therapy in RE-LY[®]: rationale

- Many patients with AF (35–40%) have conditions that require concomitant treatment with antiplatelet agents
- In RE-LY[®]:
 - 38.4% of patients received concomitant ASA or clopidogrel at some time during the trial
 - Antiplatelets not necessarily taken continuously
 - At any one time only 27% were on concomitant antiplatelets
 - Use of antiplatelet agents was not randomized or stratified

ASA = acetylsalicylic acid

1. Douketis JD et al. *Thromb Res* 2011;127:513–7; 2. Johnson SG et al. *Chest* 2007;131:1500–7;
3. Connolly SJ et al. *N Engl J Med* 2009; 361:1139–51; 4. Dans AL et al. *Circulation* 2013;127:634–40

Concomitant antiplatelet therapy in RE-LY

- RE-LY is presently the only trial of a NOAC in AF that allowed the use of dual antiplatelet therapy
- Currently no evidence from **ARISTOTLE** or **ROCKET-AF** on the effect of prolonged ASA use on bleeding risk
- Combining dual or single antiplatelet therapy with any chronic anticoagulation (NOAC or VKA) increases bleeding risk

BRILINTTA

QUIS

PRADAXA

EFFIENT

XARELTO

PLAVIX



הסברה

Health education



Health education

- When to start/stop?
- Which to choose?
- When and what to monitor?
- What do we know about each combination ?
- Personalized pharmacy
- Dynamic follow up

קידום בריאות

Health promotion



רפואה מונעת

- 100,000 patients diagnosed with A fib in ISRAEL.

APRIL 2013:
ONLY 40% USE OF ELIGIBLE
NOAC IN THE COMMUNITY

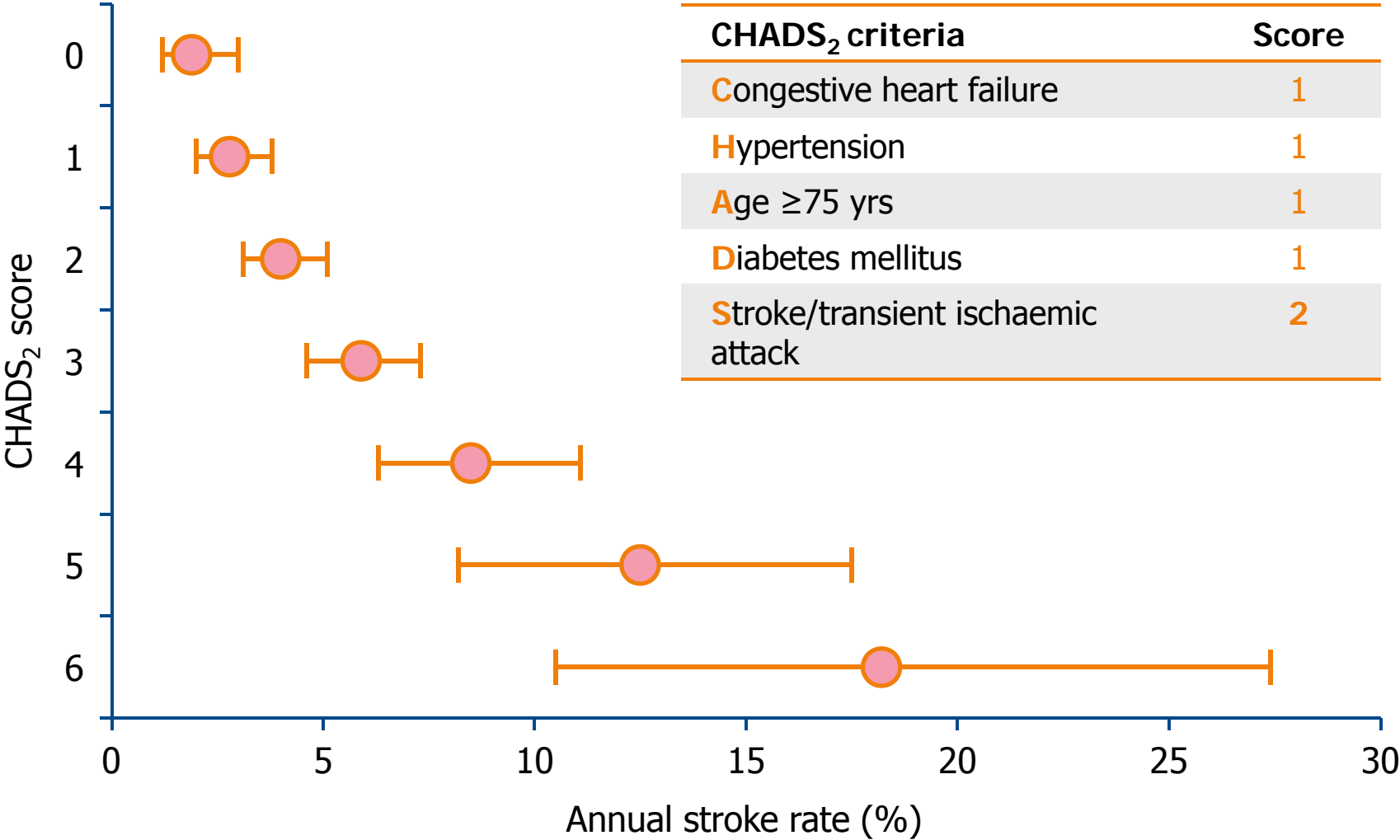
AF

SCREENING

Current screening programs:

- ❖ CV risk Framingham score
- ❖ Colon CA. kit
- ❖ Mammography

Stroke risk assessment with CHADS₂

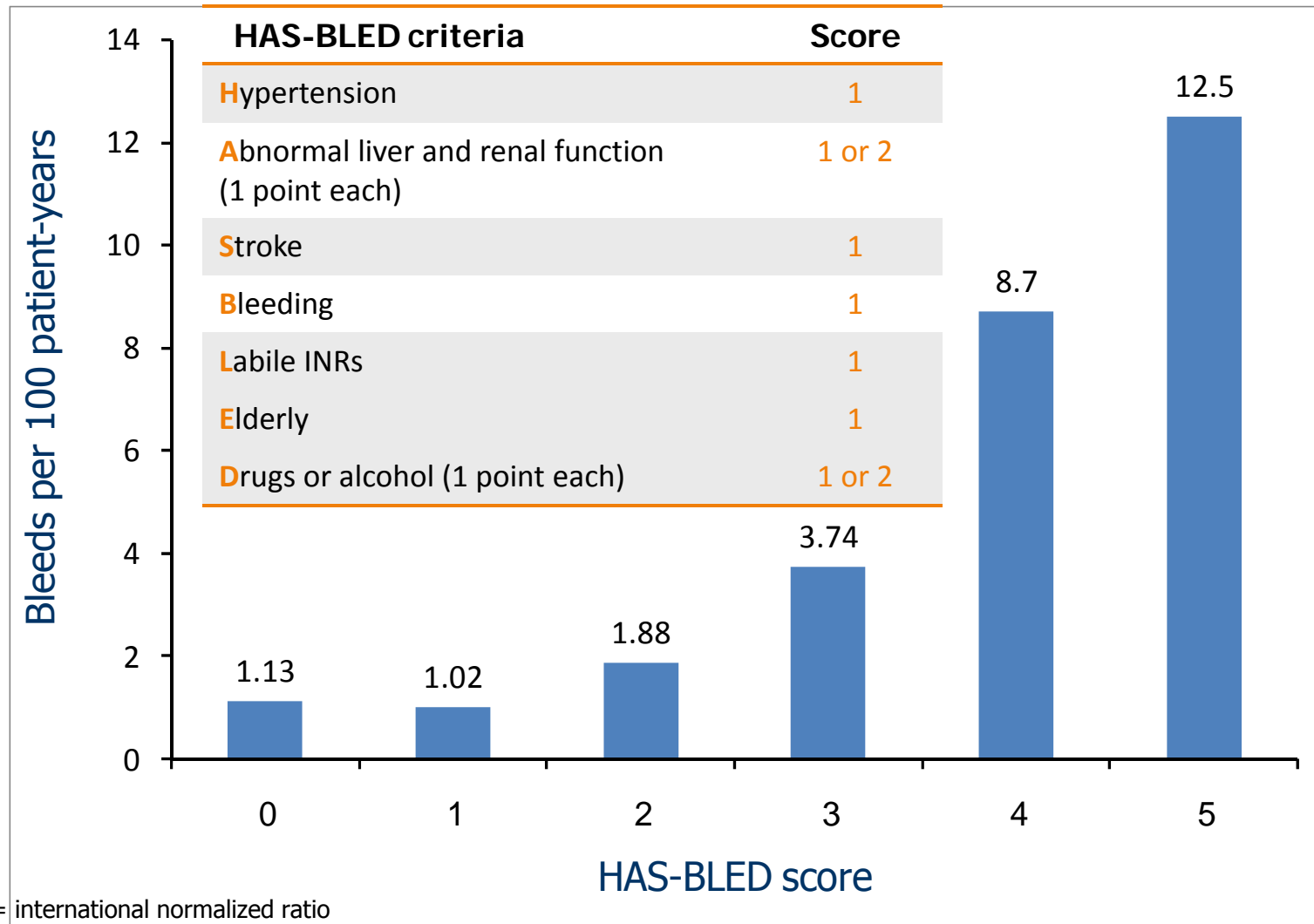


CHADS ₂ criteria	Score
Congestive heart failure	1
Hypertension	1
Age ≥75 yrs	1
Diabetes mellitus	1
Stroke/transient ischaemic attack	2

Error bars around each point = 95% CI

Gage BF et al. JAMA 2001;285:2864-70

Estimation of bleeding risk using HAS-BLED



INR = international normalized ratio

Pisters R et al. Chest. 2010;138:1093–100;

ESC guidelines: Camm J et al. Eur Heart J 2010;31:2369–429

Health promotion

Hospital discharge:

- ✓ CHADS2 SCORE
- ✓ HAS BLED
- ✓ Guidance for monitoring
- ✓ Instructions for combination pharmacy
- ✓ Israeli heart cardiology – informed letter

Health promotion

קופות החולים:

- ✓ CHADS SCORE + HAS BLED integrated in the patients file.
- ✓ Instruction/ Warnings according to the patients profile

תודה רבה על ההקשבה

