VITAMIN K ANTAGONIST / NEW ORAL ANTICOAGULANT IN ATRIAL FIBRILLATION:

Messages

MONITORING OF HAEMORRHAGIC RISK

Contact

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Background

2 years after obtaining marketing authorization for the prevention of stroke and systemic embolism in patients with non valvular atrial fibrillation, the NOA seems to impose itself against the VKA.

Objective

Compare the side effects, in particular hemorrhaging of the NOA versus VKA in the treatment of AF in hospitalized patients.

Patients and methods

100 cases of hospitalized patients treated by oral anticoagulants (50 VKA, 50 NOA) were analyzed using an assessment table. An interview with the patient and with his/her doctor, assessing its compliance, completed the observation. The data was then entered for statistical processing (sotfware SPHINX).

assessment table (download)

Results

Oral anticoagulants (OA)	VKA	NOA	VKA + NOA
Population and hemorrhagic risk factors			
Average age	83.1	78.9	81
Sex ratio (male/female)	1.08	1.5	1.29
BMI < 18.5	10%	2%	6%
Kidney failure	42%	26%	34%
Hypertension	66%	72%	69%
Heart failure > 2 NYHA	18%	12%	15%
CHADS2-VASC	4.38	4.12	4.25
HASBLED	2.52	2.26	2.39

70% of patients hospitalized with AVK don't have an INR between 2 and 3.

Oral anticoagulants (OA)	VKA	NOA	VKA + NOA
Prescription			
Oral anticoagulant	Previscan®: 62% Coumadine®: 38%	Xarelto®: 74% Pradaxa : 26%	50% AVK 50% NOA
Introduction to hospital	7%	22%	14.5%
Class Switch OA	28%	12%	20%
Continued OA	65%	66%	65.5%
Number of not recommended drug interactions	2.32	0.42	1.37
Side effects			
Gastrointestinal bleeding	10%	6%	8%
Renal hemorrhage	2%	0%	1%
Stroke	10%	10%	10%
Other (epistaxis, intolerances ...)	8%	4%	6%

Discussion and conclusion

This study shows that patients treated for AF with VKA or NOA appear to have the same risk of hemorrhaging (difference observed is not statistically significant). These results correlate with those developed by RELY and ROCKET studies while our population is most at risk (CHADS means is greater). Population treated for AF is an elderly population, polymedicated, with many risk factors. It is pertinent to validate the anti coagulation by AVK,except for patients whose INR is unstable, where NOA becomes a real therapeutic alternative. The question of a first use of NOA in the Hospital is increasingly discussed for a polymedicated elderly patient, all the more since VKA is less easy to use in term of drug interactions, compliance and stability of INR.