



XXIX CONGRESO NACIONAL
CACI2019

Pilar



¿Qué papel juegan actualmente los nuevos anticoagulantes en la prevención del stroke?

Dr Nicolás Gonzalez

Staff del servicio de cardiología
Staff de Doppler Cardíaco y Vascular
Vocal del Consejo de Medicina Vascular - SAC
Miembro del Grupo Vascular – SAC



**SANATORIO
FINOCHIETTO**



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@nigonza2

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A quien anticoaguar?

A quien anticoaguar?

... a todos

A quien anticoaguar?

... a todos, excepto

sangrado

embolia



conocimiento? desconocimiento?

sangrado

embolia



conocimiento? desconocimiento?

HAS BLED

CHADS2
CHADSVasc
ABC score



Y ahora? Con que?

Y ahora? Con que?

cambio de paradigma?

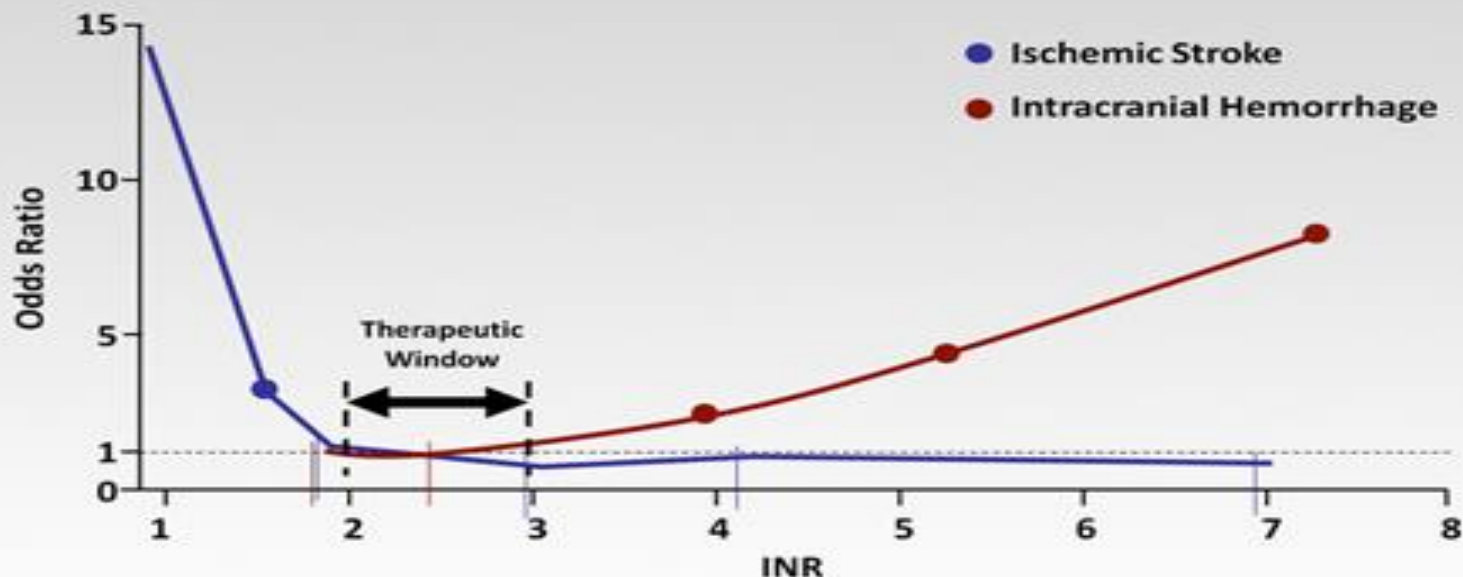
Stroke prevention in patients with atrial fibrillation (1)

Recommendations	Class	Level
Oral anticoagulation therapy to prevent thromboembolism is recommended for all male AF patients with a CHA ₂ DS ₂ -VASc score of 2 or more.	I	A
Oral anticoagulation therapy to prevent thromboembolism is recommended in all female AF patients with a CHA ₂ DS ₂ -VASc score of 3 or more.	I	A
Oral anticoagulation therapy to prevent thromboembolism should be considered in male AF patients with a CHA ₂ DS ₂ -VASc score of 1, considering individual characteristics and patient preferences.	IIa	B
Oral anticoagulation therapy to prevent thromboembolism should be considered in female AF patients with a CHA ₂ DS ₂ -VASc score of 2, considering individual characteristics and patient preferences.	IIa	B
Vitamin K antagonist therapy (INR 2.0–3.0 or higher) is recommended for stroke prevention in AF patients with moderate-to-severe mitral stenosis or mechanical heart valves.	I	B
When oral anticoagulation is initiated in a patient with AF who is eligible for a NOAC (apixaban, dabigatran, edoxaban, or rivaroxaban), a NOAC is recommended in preference to a Vitamin K antagonist.	I	A

Stroke prevention in patients with atrial fibrillation (1)

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Oral anticoagulation therapy to prevent thromboembolism is recommended in all female AF patients with a CHA ₂ DS ₂ -VASc score of 3 or more.	I	A
Oral anticoagulation therapy to prevent thromboembolism should be considered in male AF patients with a CHA ₂ DS ₂ -VASc score of 1, considering individual characteristics and patient preferences.	IIa	B
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Warfarin Has a Narrow Therapeutic Window: Relationship Between Clinical Events and INR

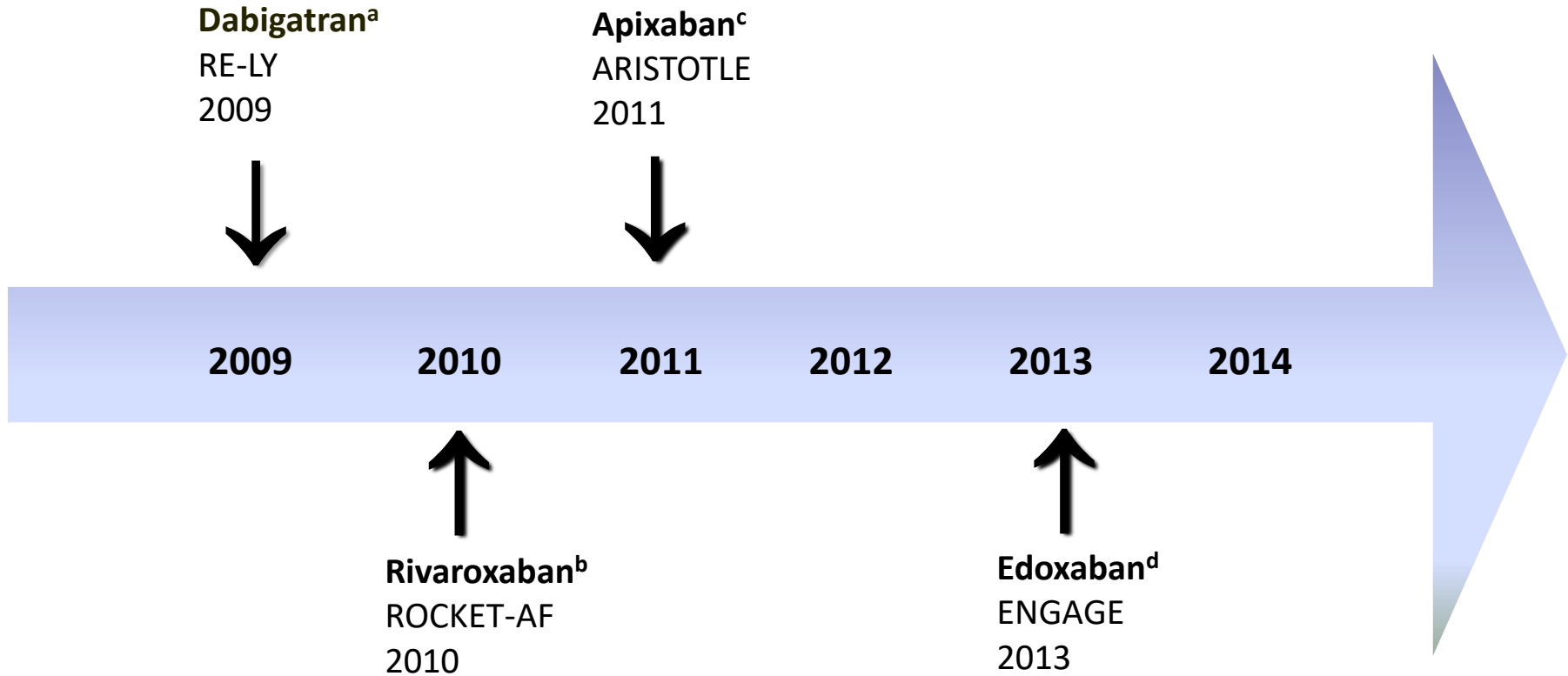


Ventajas	Limitaciones
<ul style="list-style-type: none">▪ Eficaces▪ Bajo Costo▪ Larga experiencia▪ Posible alcanzar TTR	<ul style="list-style-type: none">○ Lento Comienzo/Retiro○ Respuesta impredecible○ Rango estrecho○ Interacciones con Drogas○ Absorción errática○ Problemas Monitoreo○ Alto Sangrado○ Reversión lenta

Ya conocemos esta opción...

Fecha	% Quick	INR	KPTT	DOSIS (comprimidos)							Fecha	% Quick	INR	KPTT	DOSIS (comprimidos)						
				L	M	M	J	V	S	D					L	M	M	J	V	S	D
7-12-10	42	172	37	1/2	1/4	1/4	1/4	1/2	1/4	1/4	H10.	30		MB.	9.7		GB.	8500		P.	
21-12-10	58	192	43	1/2	1/4	1/4	1/4	1/2	1/4	1/4	22.M.M	45	180	40	1/4	1/4	1/4	1/4	1/4	1/4	0
11-01-11	13	378	43	1/2	1/4	1/4	1/4	1/4	1/4	1/6	H10.	301	110.	9.7		GB.	8500		P.	3500	
25-01-11	38	190	38	1/2	1/4	1/4	1/4	1/4	1/4	1/4	6-12-11	33			10.8		8000				
15-02-11	23	238	42	1/2	1/4	1/4	1/4	1/4	1/4	1/4	6-12-11	47	171	39	1/4	1/4	1/4	1/4	1/4	1/4	0
1-3-11	9	451	62	1/4	1/4	1/4	1/4	1/4	1/4	1/4	27-12-11	38	211	41	1/4	1/4	1/4	1/4	1/4	1/4	0
15-3-11	12	406	49	-	1/4	-	1/4	1/4	1/4	1/4			H10	31		HB	10.4		66.	1000	
05-04-11	49	161	40	1/4	1/4	-	1/4	1/4	1/4	1/4	17-01-12	46	175	38	1/4	1/4	1/4	1/4	1/4	1/4	0
19-04-11	44	180	37	1/4	1/4	-	1/4	1/4	1/4	1/4	14-2-12	46	177	41	1/4	1/4	1/4	1/4	1/4	1/4	0
10-05-11	46	172	38	1/4	1/4	1/4	1/4	1/4	1/4	1/4	H10:	35		WB:	10.8		GB:	8.500			
31-05-11	29	246	42	1/4	1/4	1/4	1/4	1/4	1/4	1/4	6-3-12	59	148	38	1/4	1/4	1/4	1/4	1/4	1/4	1/4
28-06-11	54	155	39	1/4	1/4	1/2	1/4	1/4	1/4	1/4	20-3-12	12	397	46	0	1/4	1/4	1/4	1/4	1/4	1/4
19-07-11	50	163	38	1/4	1/4	1/2	1/4	1/2	1/4	1/4	17-04-12	42	190	38	0	1/4	1/4	1/4	1/4	1/4	1/4
9-08-11	20	320	45	1/4	1/4	1/2	1/4	1/4	1/4	1/4	H10.	40		H10.	19.6		GB.	8.200			
23-08-11	40	200	41	1/4	1/4	1/2	1/4	1/4	1/4	1/4	8-5-12	41	199	39	0	1/4	1/4	1/4	1/4	1/4	1/4
13-09-11	23	297	43	1/4	1/4	1/2	1/4	1/4	1/4	1/4	05-06-12	42	121	38	1/4	1/4	1/4	1/4	1/4	1/4	1/4
4-10-11	H10.	28		H10	9.1		GB.	6300			26-06-	55	153	36	1/4	1/4	1/2	1/4	1/4	1/4	1/4
4-10-11	32	240	43	1/4	1/4	1/4	1/4	1/4	1/4	1/4	H10.	39	H10	13.1		GB.	8.900				
25-10-11	45	181	39	1/4	1/4	1/4	1/4	1/4	1/4	1/4	17-07-	61	144	37	1/4	1/4	1/2	1/4	1/2	1/4	1/4
15-11-11	8	479	51	1/4	0	0	1/4	1/4	1/4	0	31-07-12	46	175	39	1/2	1/4	1/2	1/4	1/2	1/4	1/4





Dabigatran^a
RE-LY
2009

Apixaban^c
ARISTOTLE
2011

2009

2010

2011

2012

2013

2014

Rivaroxaban^b
ROCKET-AF
2010

Edoxaban^d
ENGAGE
2013

a. Connolly SJ, et al. *N Engl J Med.* 2009;361:1139-1151.

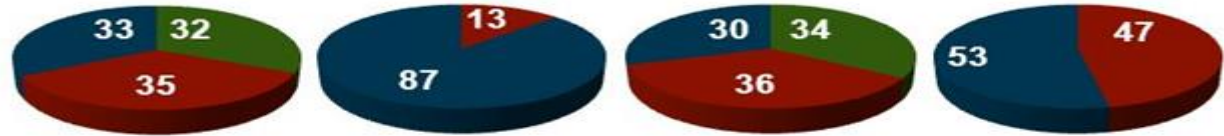
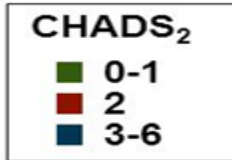
b. Patel MR, et al. *N Engl J Med.* 2011;365:883-891.

c. Granger CB, et al. *N Engl J Med.* 2011;365:981-992.

d. Giugliano RP, et al. *N Engl J Med.* 2013;369:2093-2104.

DOAC Trials

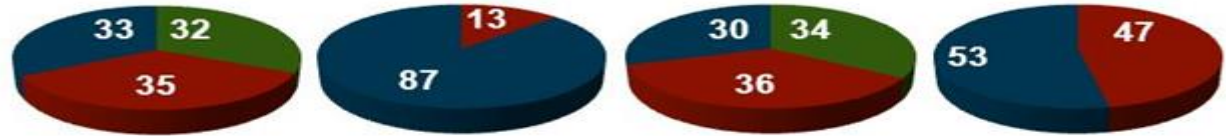
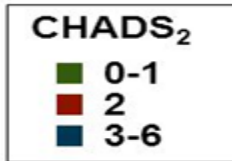
	RE-LY ^a	ROCKET AF ^b	ARISTOTLE ^c	ENGAGE AF ^d
Droga	Dabigatran	Rivaroxaban	Apixaban	Edoxaban
Ptes Randomizados	18,113	14,266	18,201	21,105
Dosis (mg)	150, 110	20	5	60, 30
Diseño	PROBE*	2x blind	2x blind	2x blind
Mediana TTR	66	58	66	68



*PROBE = prospective, randomized, open-label, blinded end point evaluation

DOAC Trials

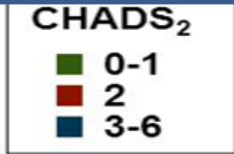
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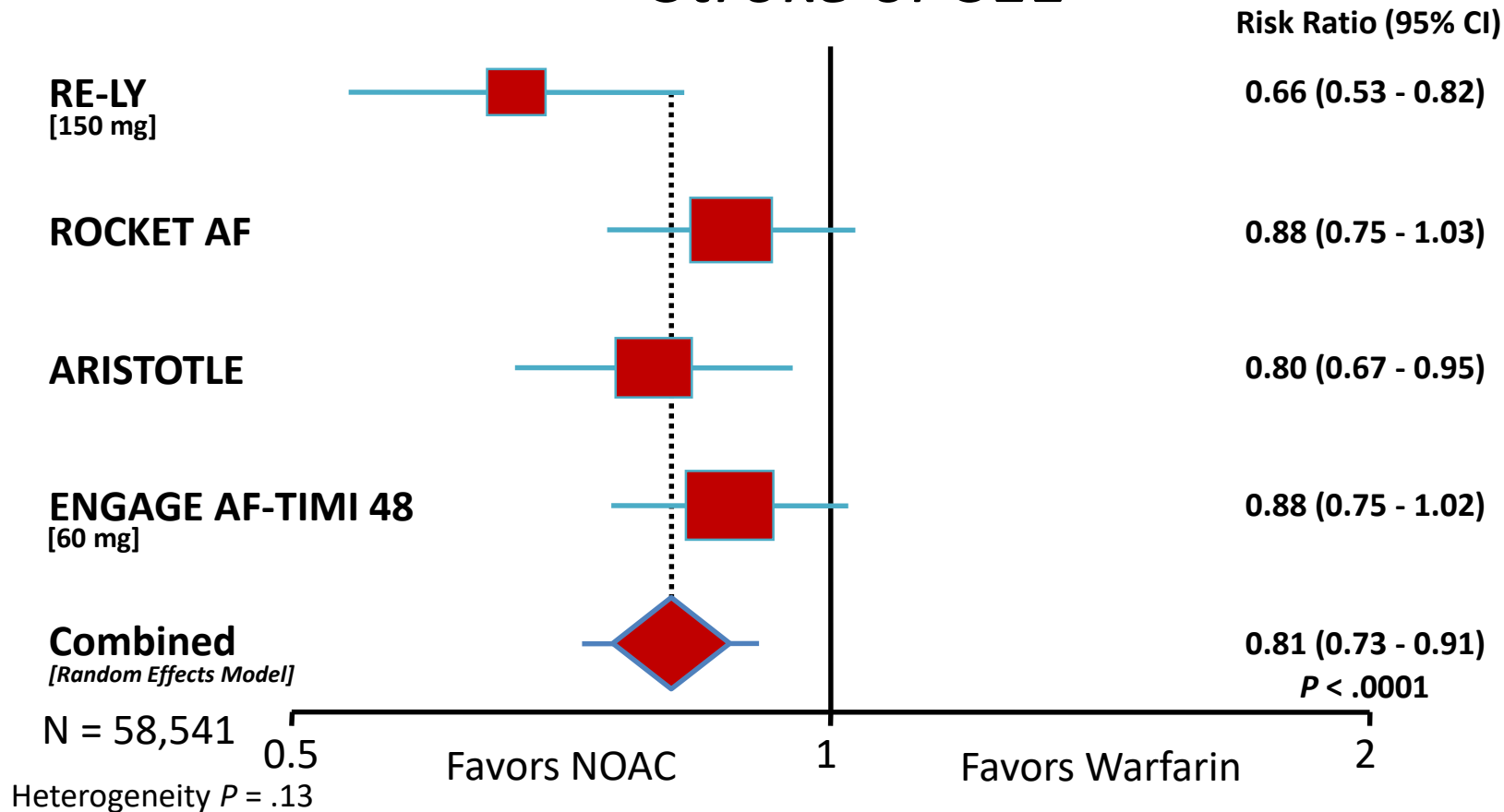
Comparación Farmacologica

Characteristic	Dabigatran	Apixaban	Edoxaban	Rivaroxaban
Target	Trombina	Factor Xa	Factor Xa	Factor Xa
Prodroga	Si	No	No	No
Horas a C _{max}	2-4	3-4	1-2	1-3
Dosis	2	2	1	1
Vida media, h	12-17	12	9-11	7-11
Renal, %	80	25	50	(66)
Monitoreo	No	No	No	No
CYP Metabolism, %	No	32	< 32	<4

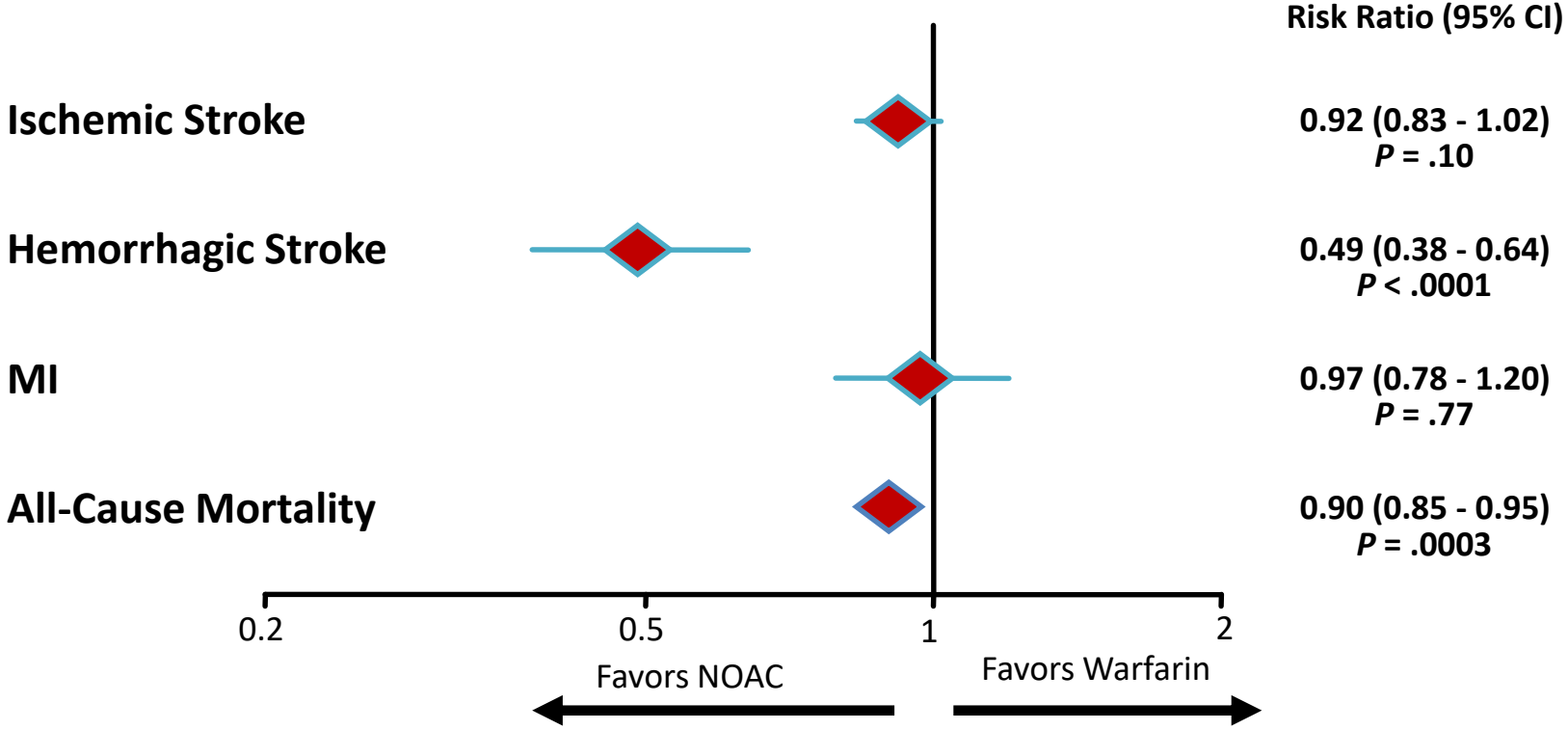
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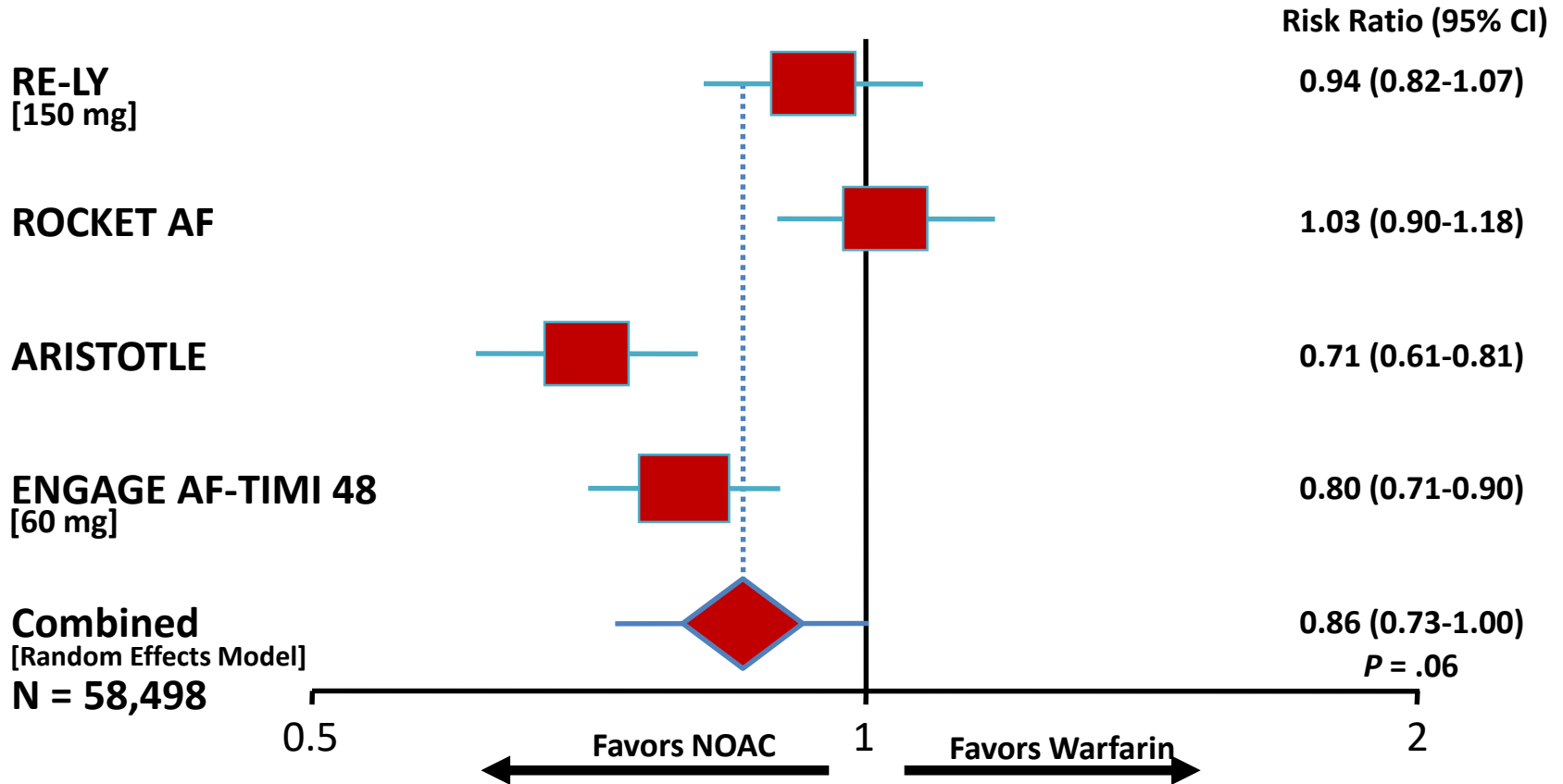
Stroke or SEE



Secondary Efficacy Outcomes



Major Bleeding





añosos

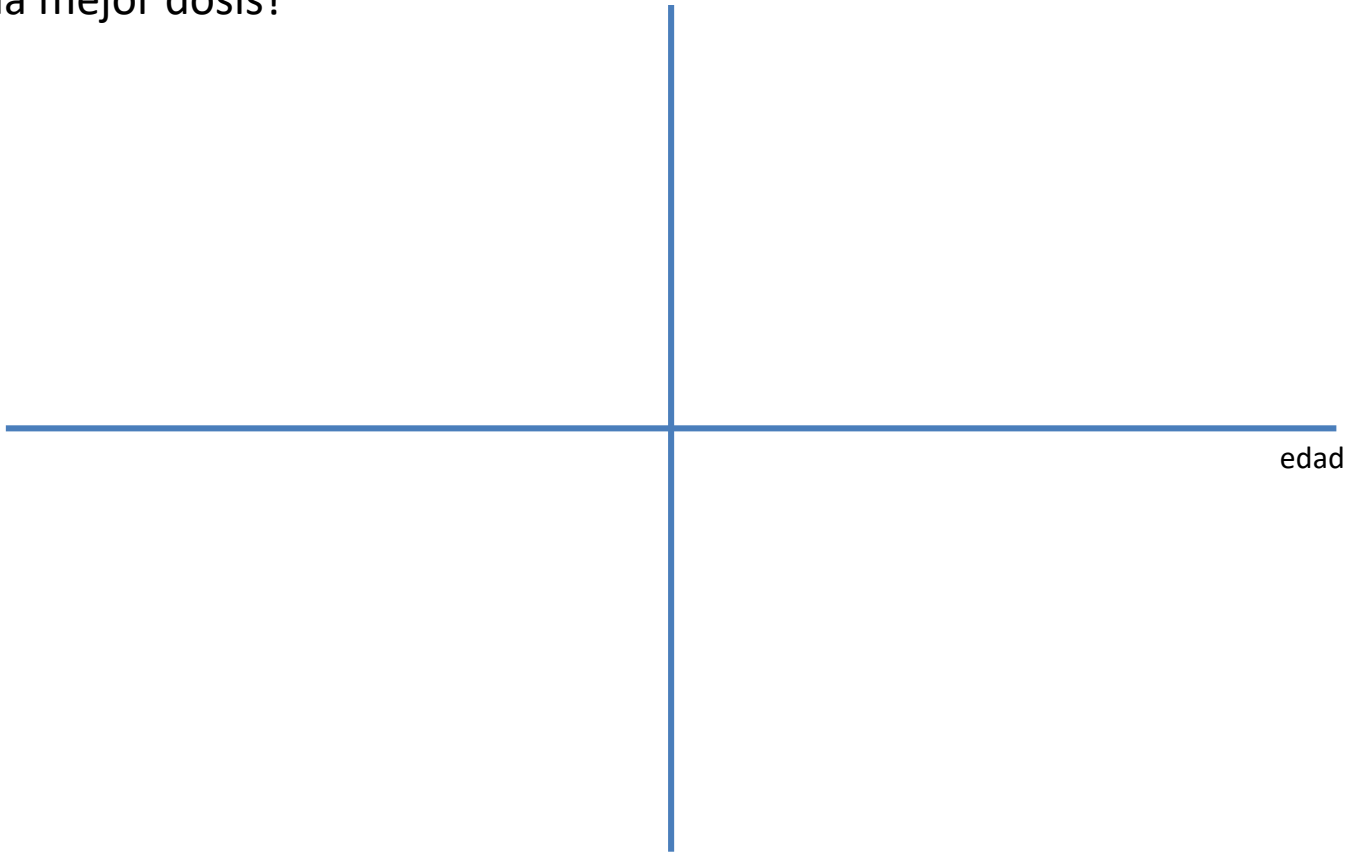


insuficiencia renal

Cual es la mejor dosis?

Cual es la mejor dosis?

Creat

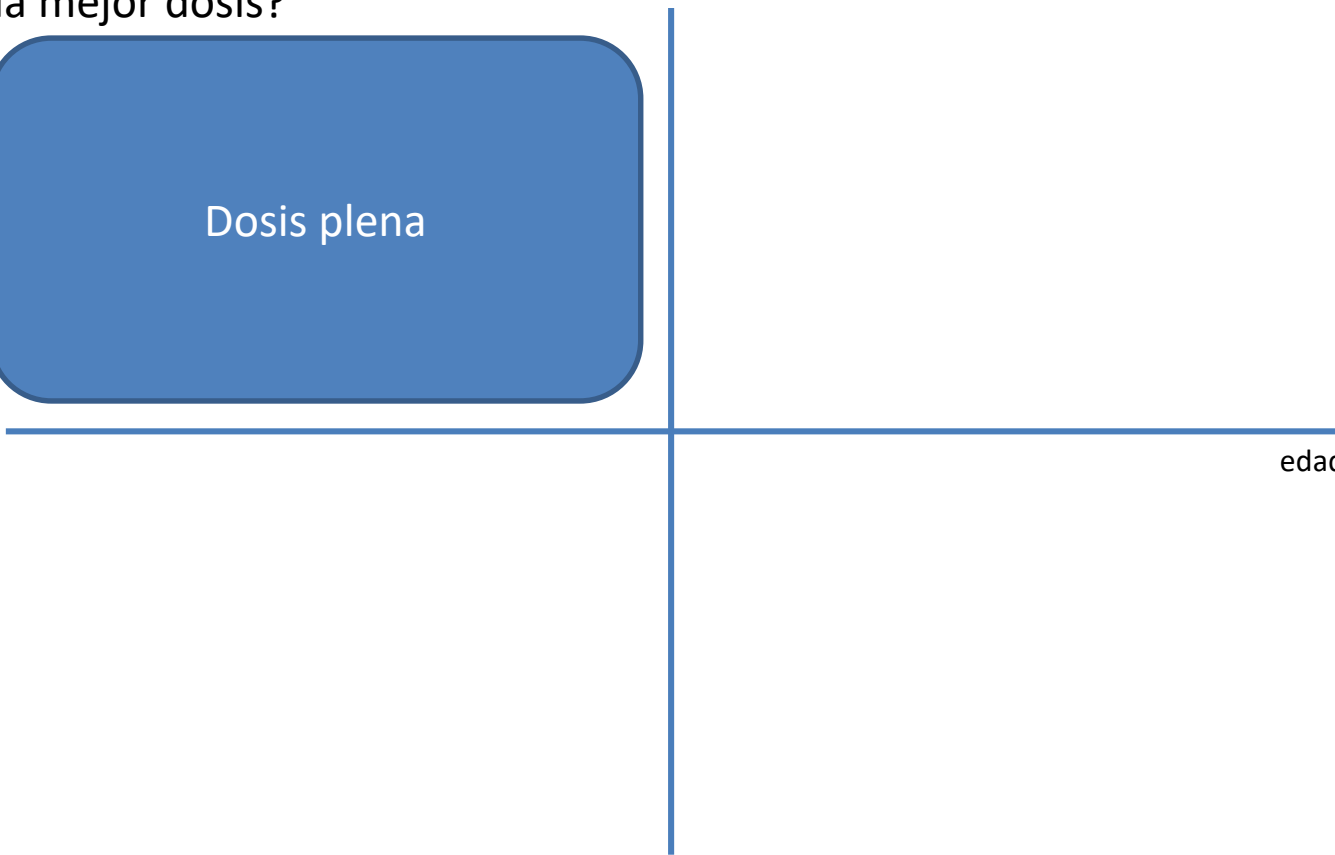


Cual es la mejor dosis?

Creat

Dosis plena

edad



Cual es la mejor dosis?

Creat

Dosis plena

edad

Ajuste de dosis

Cual es la mejor dosis?

Creat

Dosis plena

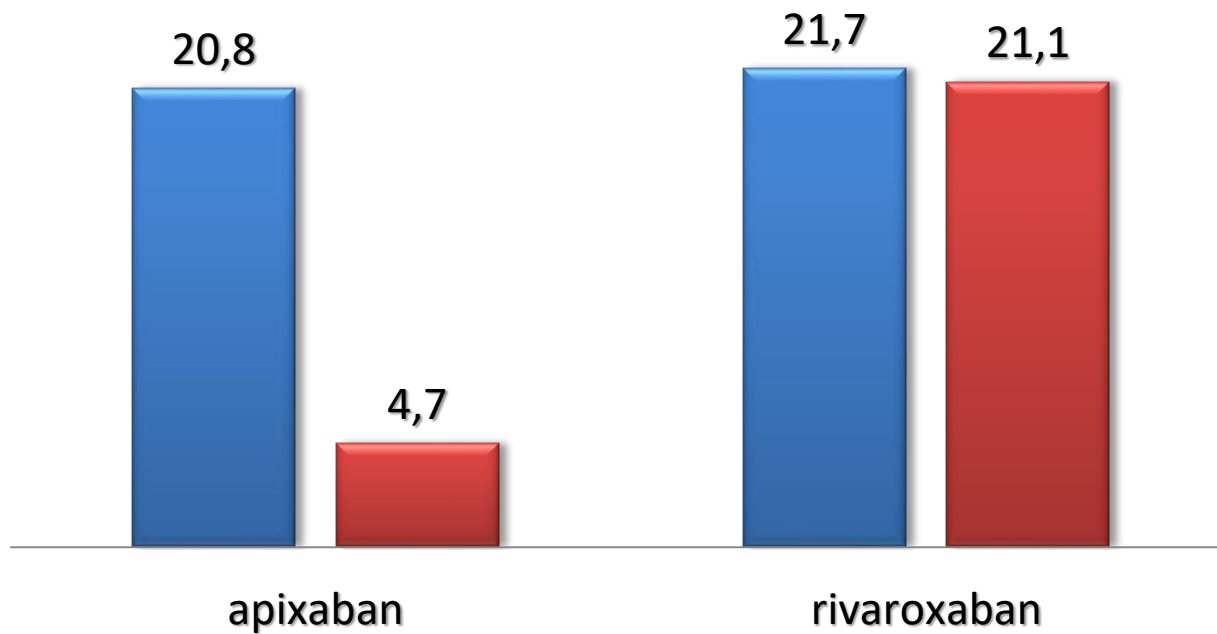
edad

Ajuste de dosis

Apixaban 2.5 mg c/12 hs
Rivaroxaban 15 mg/dia
Dabigatran 110 mg c/12 hs

% of prescriptions filled for a reduced dose

■ real world ■ trial



Características individuales

Anticoagulante ideal

Características individuales

añosos

Anticoagulante ideal

apixaban

Características individuales

Insuficiencia renal

Anticoagulante ideal

apixaban

Características individuales

Sangrado digestivo previo

Anticoagulante ideal

Apixaban

Dabigatran 110 mg

Características individuales

HAS BLED >2

Anticoagulante ideal

Apixaban

Dabigatran 110 mg

Características individuales

recurrencia de ACV

Anticoagulante ideal

Dabigatran 150 mg

Características individuales

mala adherencia

Anticoagulante ideal

Rivaroxaban

Características individuales

costos

Anticoagulante ideal

Acenocumarol + **SAMeTT2R2**



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