PRESIDENTE **Ombretta Fumagalli Carulli**
SEGRETARIO NAZIONALE **Claudio Giustozzi**
Via Otranto, 18 - 00192 Roma
Tel. +39 06 3389120 fax +39 06 30603259
e-mail: segreteria@dossetti.it - http://www.dossetti.it

FIBRILLAZIONE ATRIALE E ICTUS CARDIOEMBOLICO:

MISURE LEGISLATIVE, STRATEGIE DI PREVENZIONE, ACCESSO ALLE CURE

Mercoledì, 15 Maggio 2013

Documento ANMCO su prevenzione del tromboembolismo nella FA e ruolo dei nuovi anticoagulanti orali

Paolo Colonna, MD FESC FANMCO
Cardiology Hospital, Policlinico of Bari



European Heart Journal
doi:10.1093/eurheartj/ehs253

ESC GUIDELINES

2012 focused update of the ESC Guidelines for the management of atrial fibrillation

An update of the 2010 ESC Guidelines for the management of atrial fibrillation

POSITION PAPER

Documento ANMCO su prevenzione del tromboembolismo nella fibrillazione atriale e ruolo dei nuovi anticoagulanti orali

Paolo Colonna[1], Maurizio G. Abrignani[2], Furio Colivicchi[3], Paolo Verdecchia[4], Gianfranco Alunni[5], Angelo S. Bongo[6], Roberto Ceravolo[7], Fabrizio Oliva[8], Serena Rakar[9], Carmine Riccio[10], Marino Scherillo[11], Roberto Valle[12], Francesco Bovenzi[13], a nome dell'Associazione Nazionale Medici Cardiologi Ospedalieri (ANMCO)

1. Fisiopatologia del tromboembolismo arterioso
2. Stratificazione del rischio di ictus e di sanguinamento
3. Limiti delle attuali terapie anticoagulanti
4. Trial clinici sui nuovi anticoagulanti orali nella FA
5. Indicazioni e applicazioni pratiche dei NAO + costo / efficacia

Indicazioni e applicazioni pratiche dei nuovi anticoagulanti orali

- **Pazienti Naive (avrebbero bisogno di anticoagulazione ma non la assumono)**

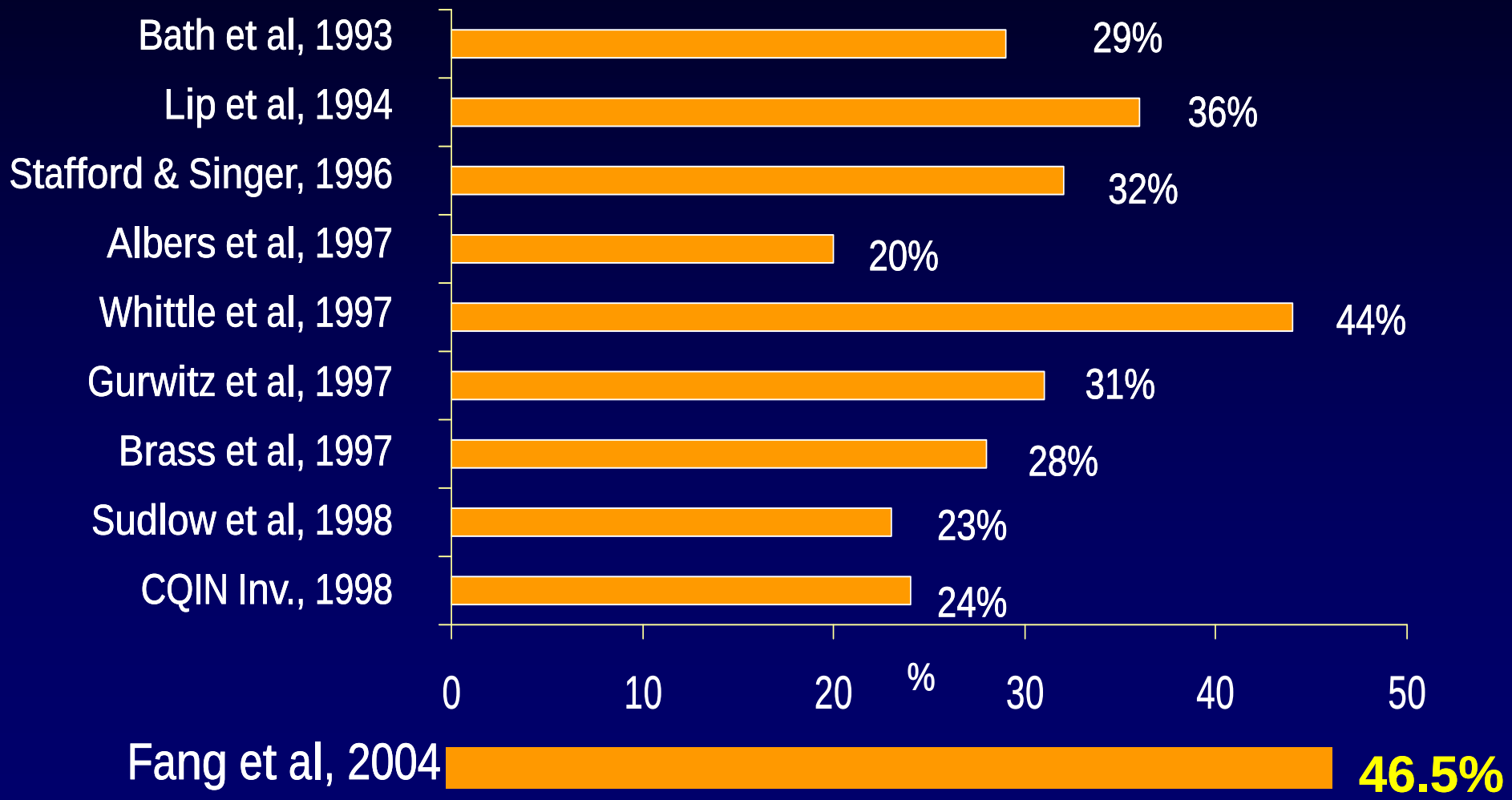
Chi sono ?

- **Paz che non sapevano di essere in FA**
- **Paz che sapevano di essere in FA e …**

… rifiutano il warfarin

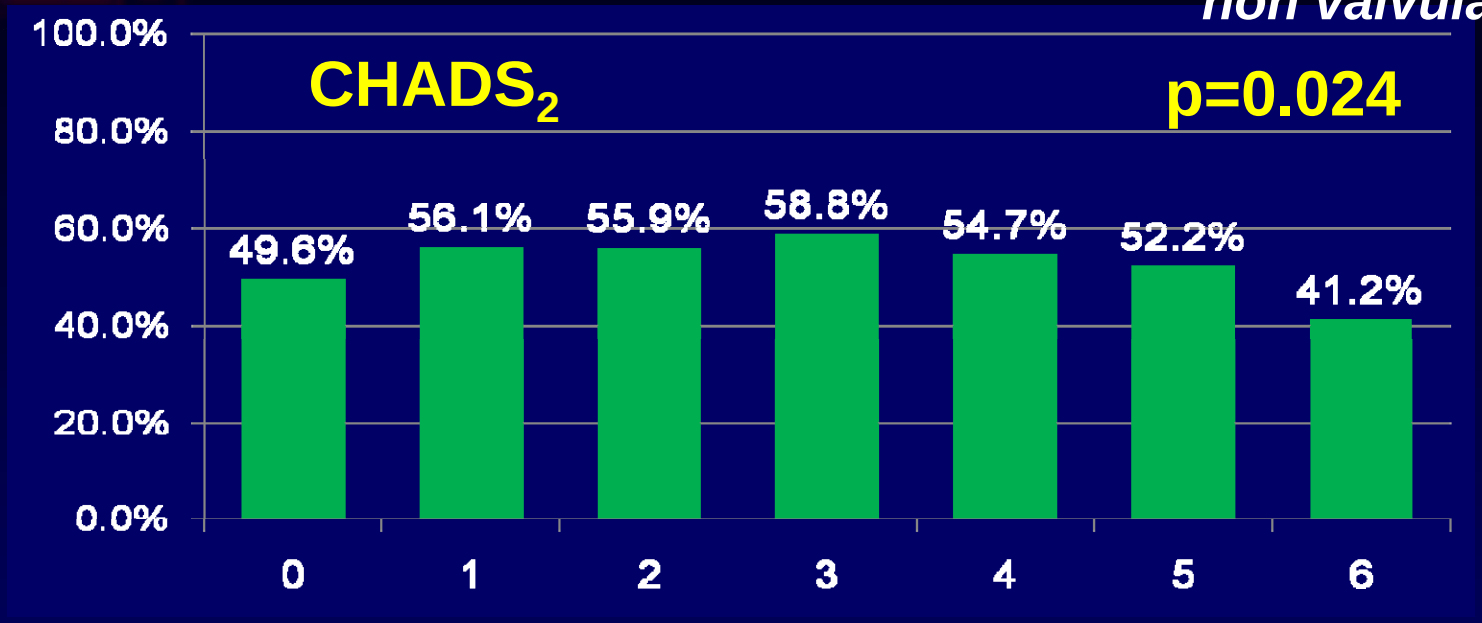
… medico consiglia aspirina

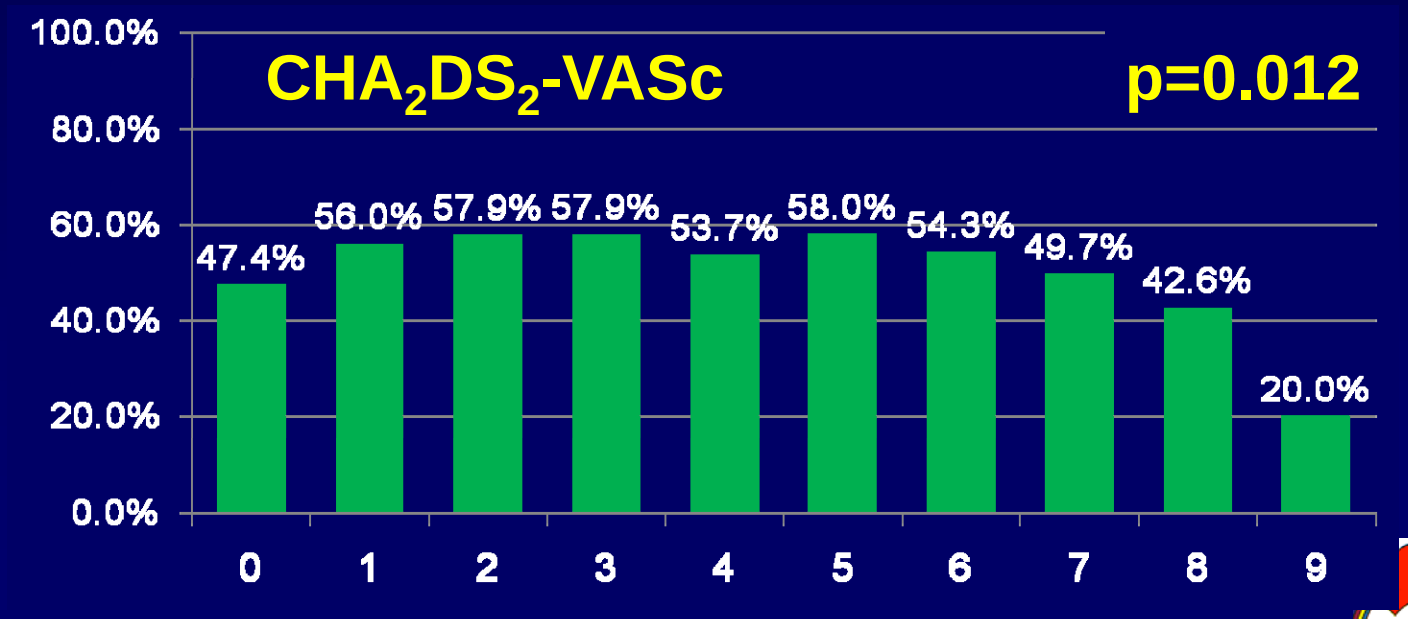
USO NEL MONDO REALE DEL WARFARIN IN PATIENTI CON FA SENZA CONTROINDICAZIONI



Prescription of OAC by scores

non valvular AF, 4.845 pts





Studio AVERROES: Principali motivazioni per terapia con Warfarin "inadatta" *N Engl J Med 2011*	**% pazienti**	**Risoluzione con passaggio a NAO**
Timore che paziente non controlli bene INR	43	+
Rifiuto del paziente ad assumere Warfarin	38	+/-
CHADS2 score 1 → medico: no Warfarin	21	+/-
Timore di INR con range labile	17	+
Incertezza su precisione paziente	16	+
Difficile contattare paziente per INR "urgenti"	11	+
Eff collat in warfarin "non sanguinamenti"	3	-
Sanguinamenti in warfarin	3	-



European Heart Journal
doi:10.1093/eurheartj/ehs253

ESC GUIDELINES

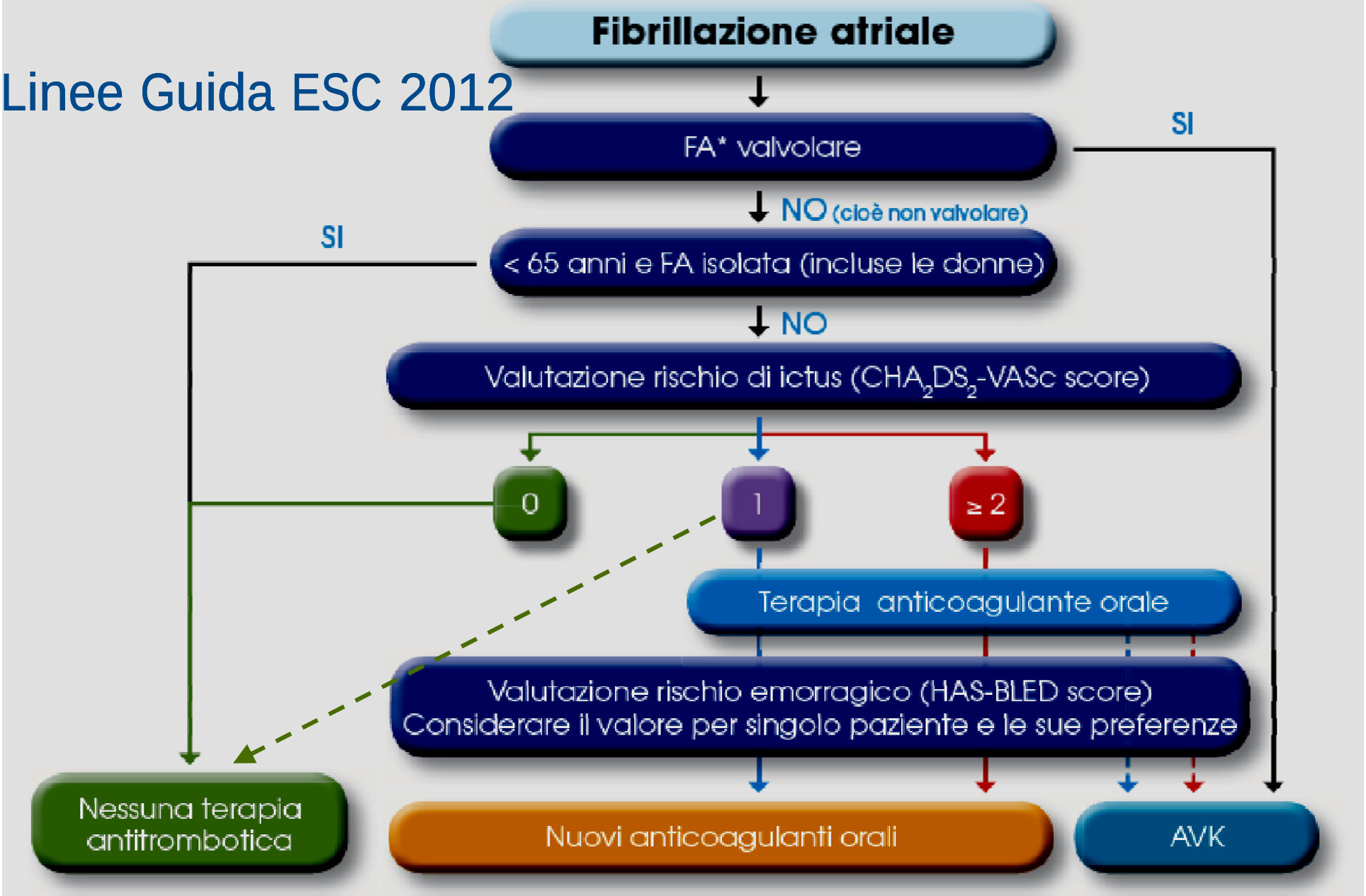
2012 focused update of the ESC Guidelines for the management of atrial fibrillation

An update of the 2010 ESC Guidelines for the management of atrial fibrillation

Nuovi anticoagulanti

- **Quando warfarin non possibile**: nuovi anticoagulanti raccomandati (**IB**)
- **Quando anticoagulazione indicata**: un nuovo anticoagulante **dovrebbe essere preferito** (**IIa**), sulla base del beneficio clinico netto (rischio trombotico / emorragico)

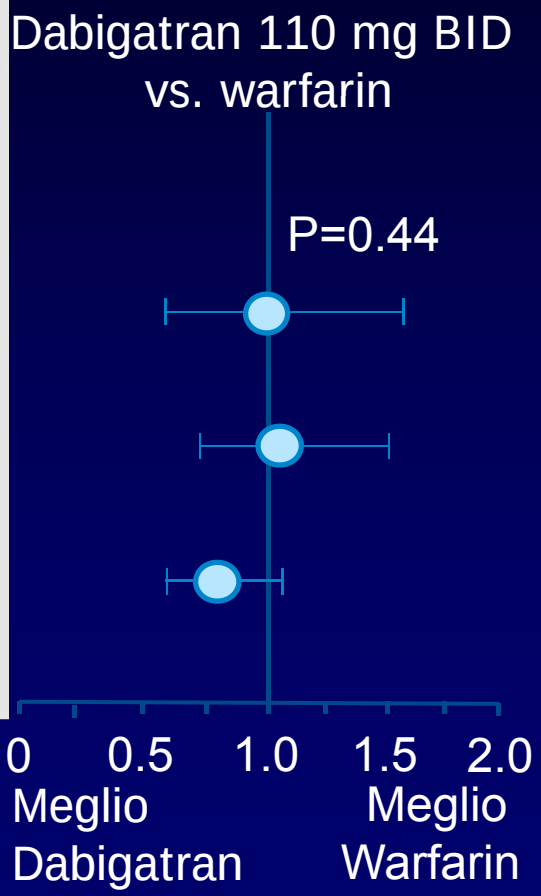
Linee Guida ESC 2012

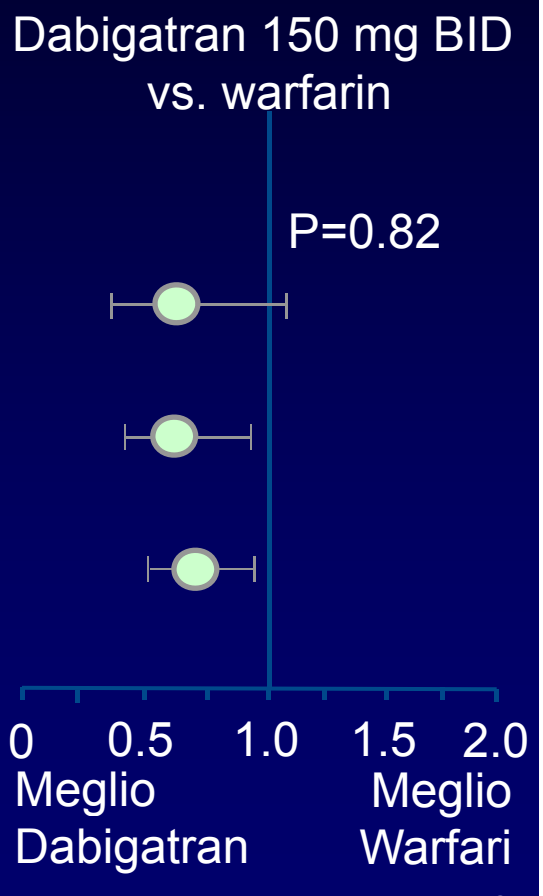


Sottoanalisi ReLY per punteggio $CHADS_2$: ictus ed embolia sistemica

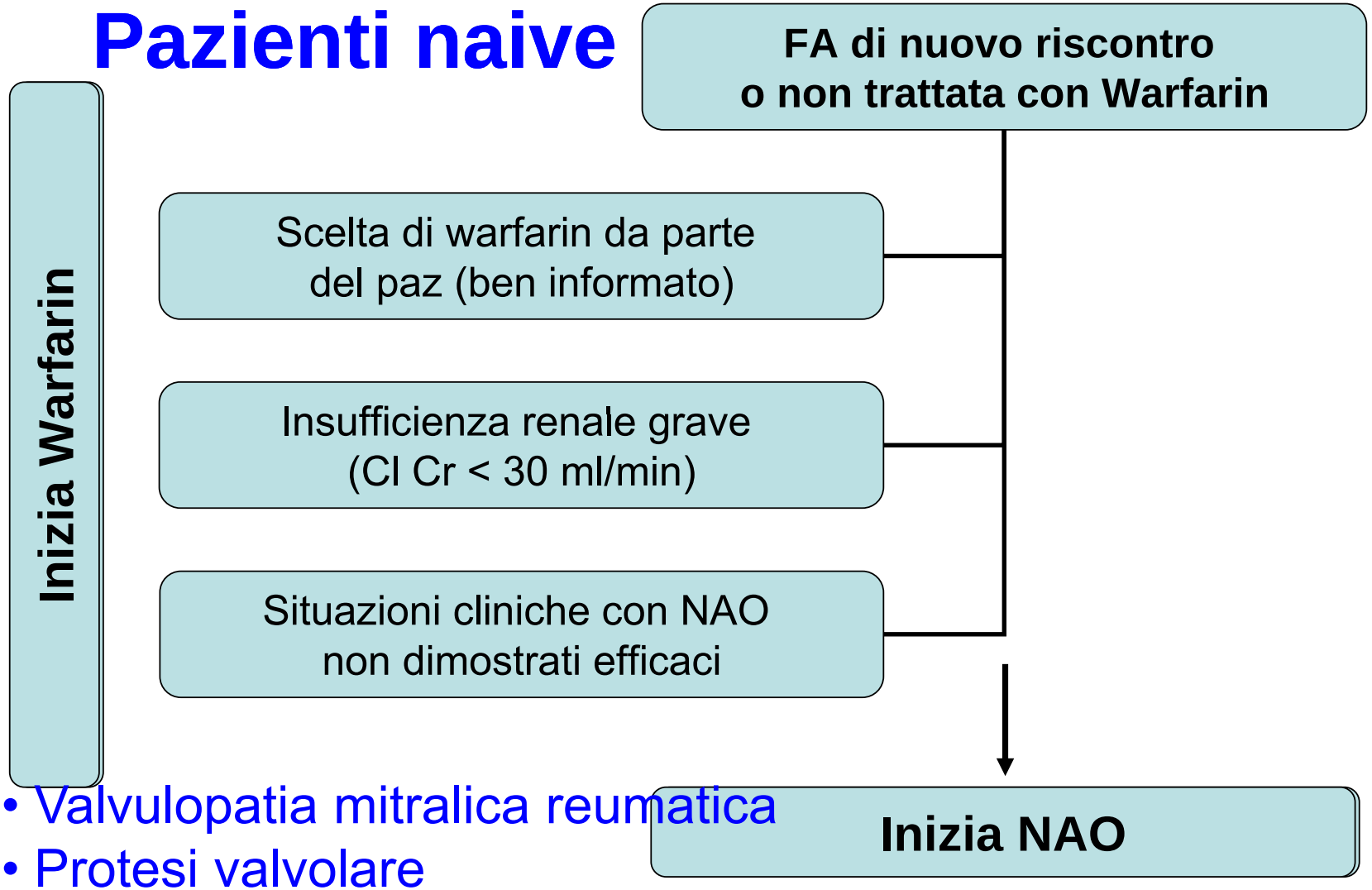
Oldgren J et al. Ann Int Med 2011

$CHADS_2$ punteggio	Tasso annuo(%) D 110 mg BID	D 150 mg BID	Warfarin
0–1	1.06	0.65	1.05
2	1.43	0.84	1.38
3–6	2.12	1.88	2.68





Pazienti naive

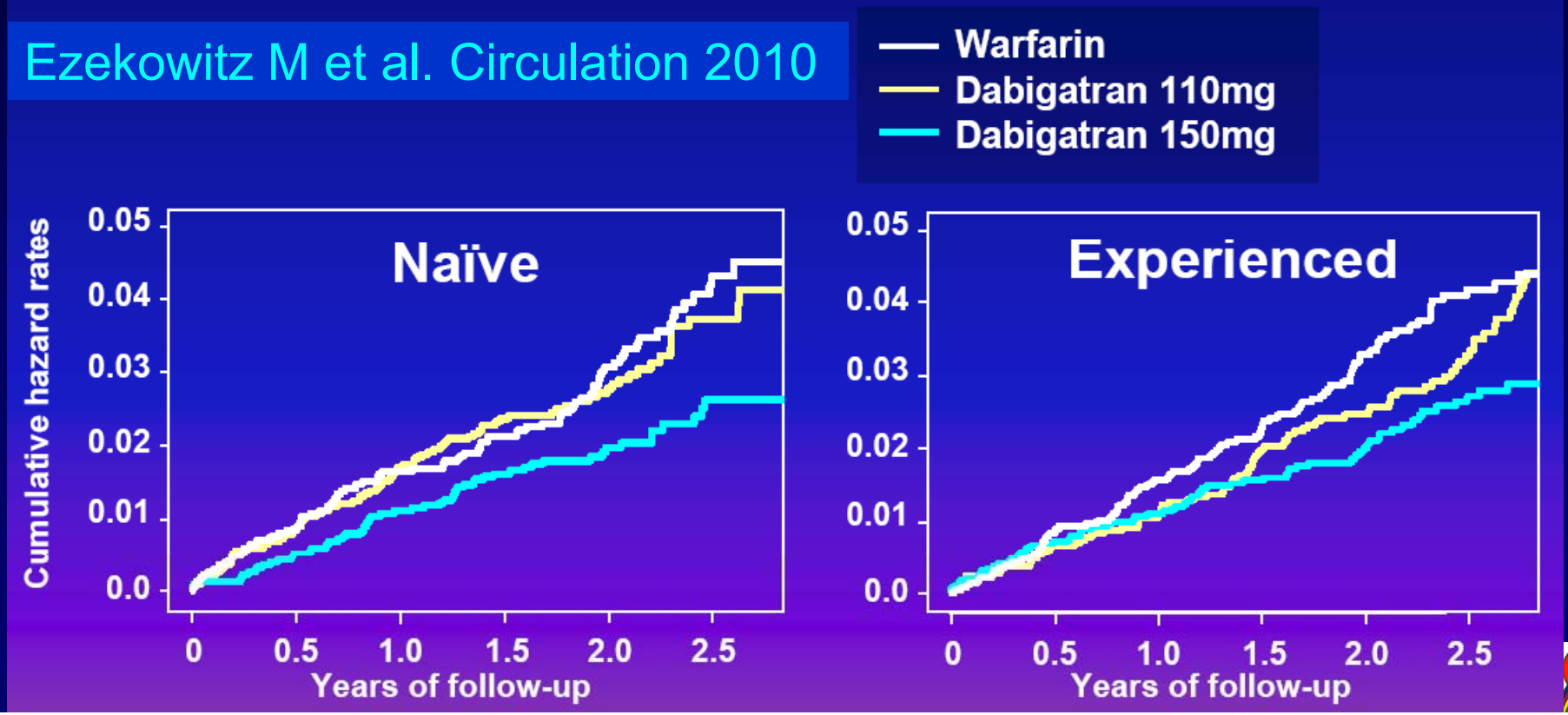


- Valvulopatia mitralica reumatica
- Protesi valvolare
- Coesistente neoplasia
- Malattia epatica associata a coagulopatia, insufficienza epatica severa (Child-Pugh C) o moderata (Child-Pugh B: solo per Rivaroxaban)

Naïve vs Experienced: ReLY trial

Subgroup	Patients *total no.*	Dabigatran 110 mg *% per yr*	Dabigatran 150 mg *% per yr*	Warfarin	Hazard Ratio with Dabigatran, 110 mg (95% CI)	P Value for Interaction	Hazard Ratio with Dabigatran, 150 mg (95% CI)	P Value for Interaction
All patients	18,113	1.53	1.11	1.69				
Long-term VKA therapy						0.72		0.81
No	9,123	1.57	1.07	1.67				
Yes	8,989	1.49	1.15	1.70				

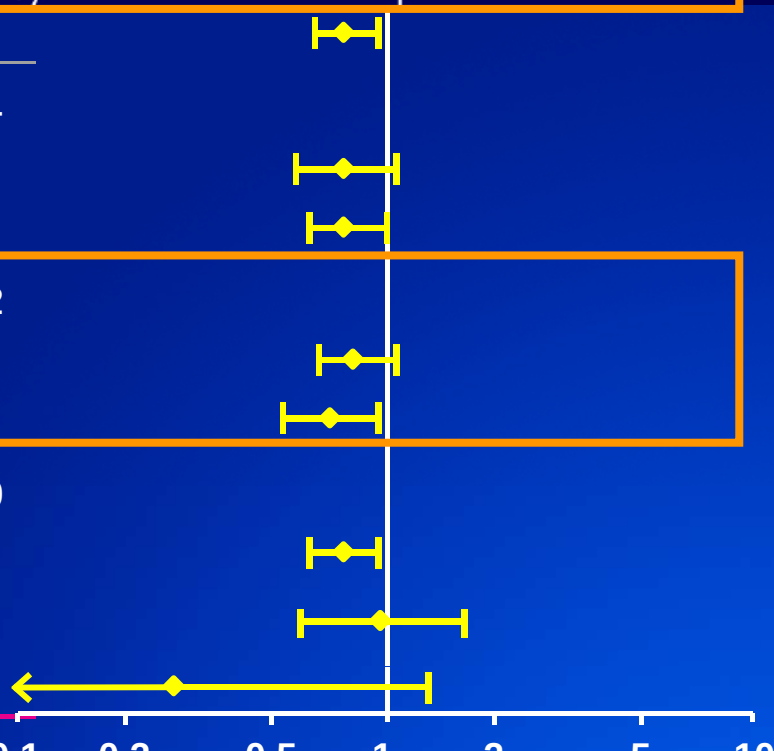
Ezekowitz M et al. Circulation 2010



Subgroups for Stroke and Systemic Embolism
(1 of 2)

ARISTOTLE

Characteristics	No. of Patients	Apixaban no. of events	Apixaban (%/yr)	Warfarin no. of events	Warfarin (%/yr)	Hazard Ratio with Warfarin (95% CI)	P-value for Interaction
All Patients	18201	212	(1.27)	265	(1.60)		
Prior Warfarin/VKA Status							0.39
Experienced	10401	102	(1.1)	138	(1.5)		
Naïve	7800	110	(1.5)	127	(1.8)		
Overall	189/7,061	2.7		243/7,082	3.4		
Previous ASA use							0.94
Yes	70/2,567	2.7		91/2,606	3.5		
No	119/4,494	2.7		152/4,476	3.4		
Previous VKA use							0.42
Yes Experienced	114/4,401	2.6		140/4,437	3.2		
No Naive	75/2,660	2.8		103/2,645	3.9		
AF type							0.30
Persistent	159/5,739	2.8		206/5,723	3.6		
Paroxysmal	28/1,228	2.3		30/1,259	2.4		
Newly diagnosed	2/94	2.1		7/100	7.0		



*p-value for interaction.
Safety population – on-treatment analysis.

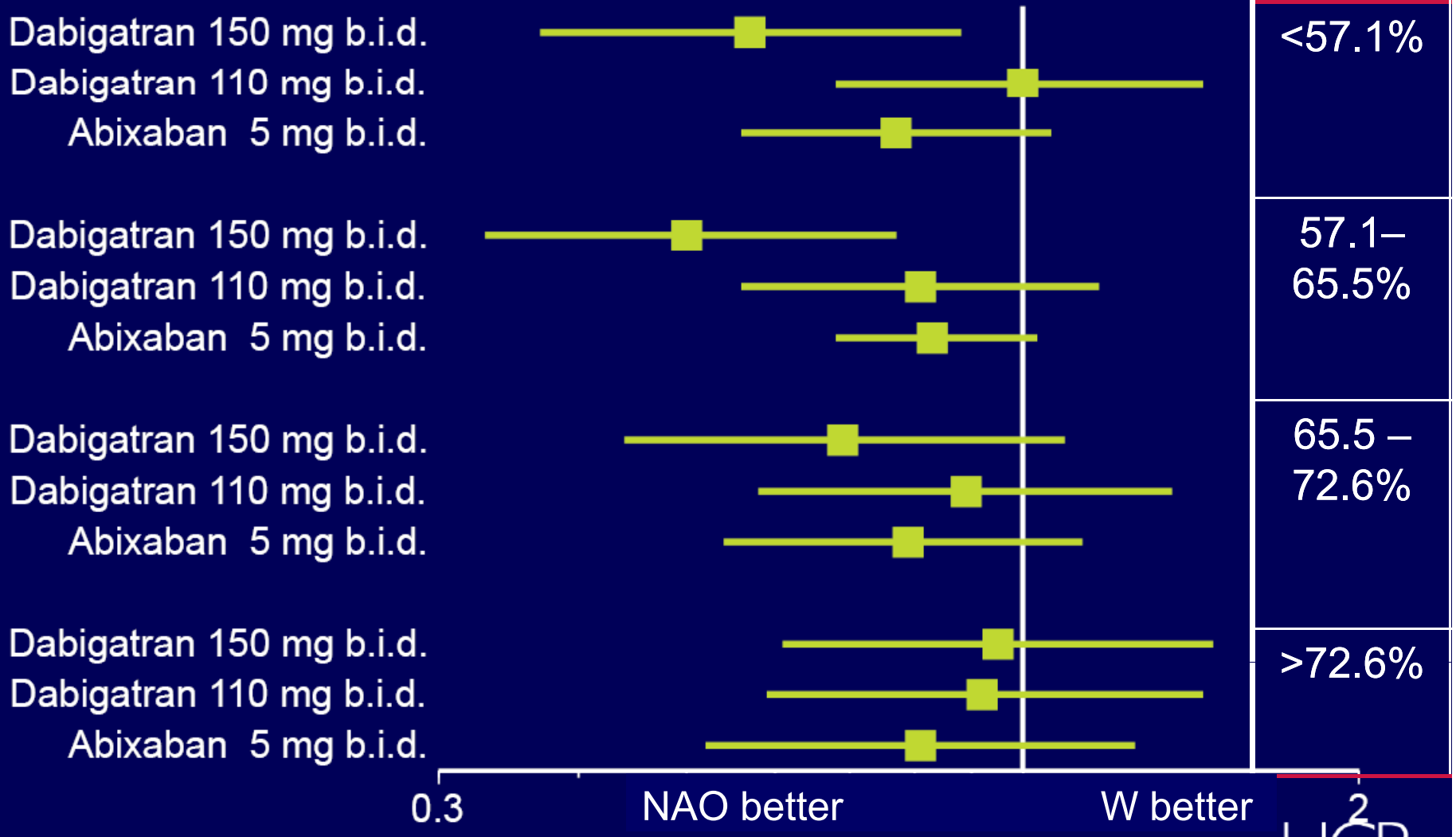
Patel MR *et al,* 2011.

ROCKET AF

Comparison of Trial Metrics

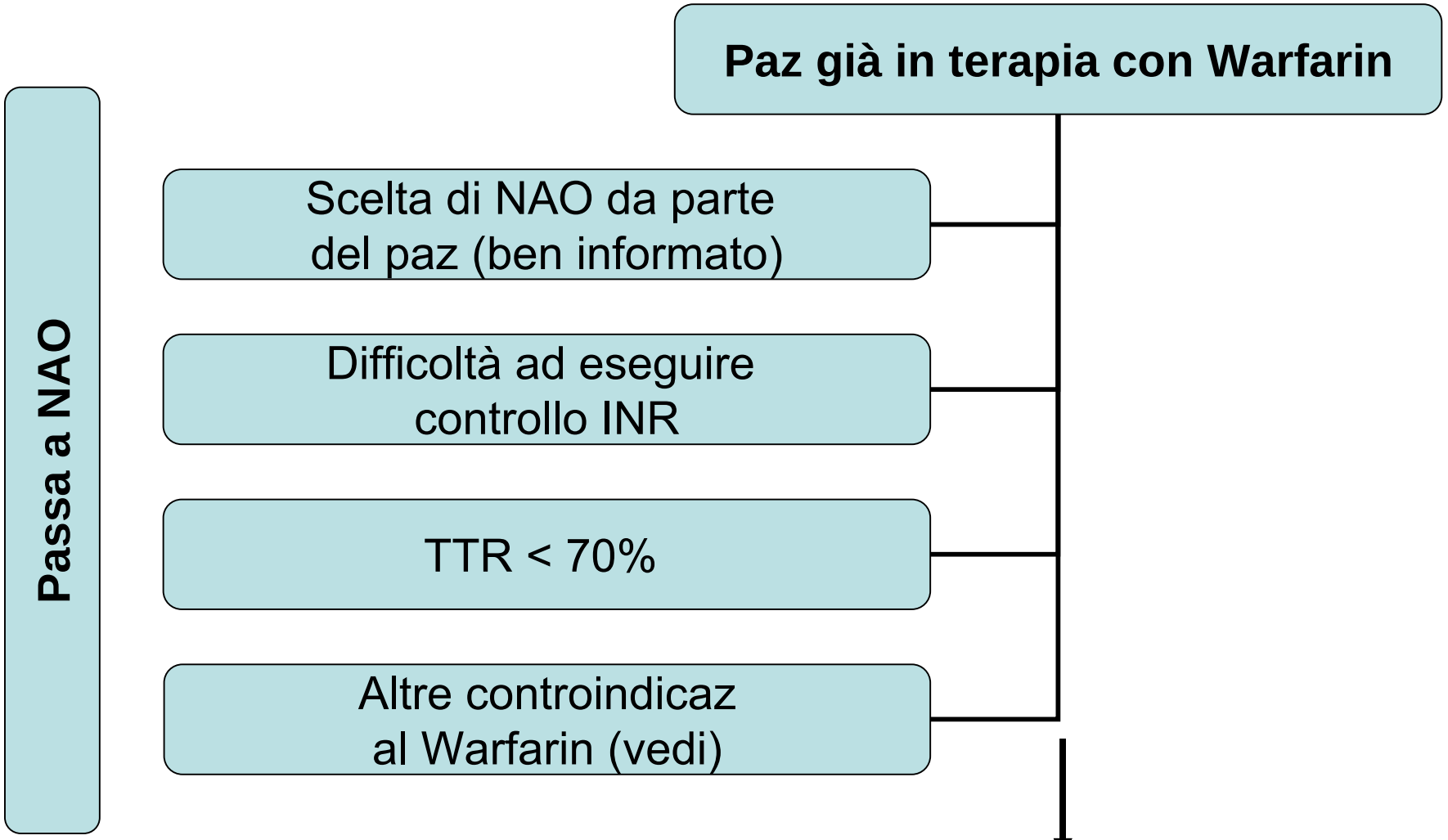
	RE-LY	ROCKET AF	ARISTOTLE
Time in Therapeutic Range (TTR)	64% 67% warfarin-experienced 61% warfarin-naïve	Mean 55% Median 58%	Mean 62% Median 66%

New antithrombotic therapies compared to warfarin
Stroke or SE in relation to centre's TTR



Wallentin L et al. Lancet 2010;376:975–83

UCR
UPPSALA CLINICAL RESEARCH CENTER



- Interazioni farmacologiche / alimentari
- Basse dosi giornaliere

EHRA practical guide on the use of NOA in patients with atrial fibrillation

Heidbuchel, EHJ 2013 in press

Initiator of anticoagulant treament:

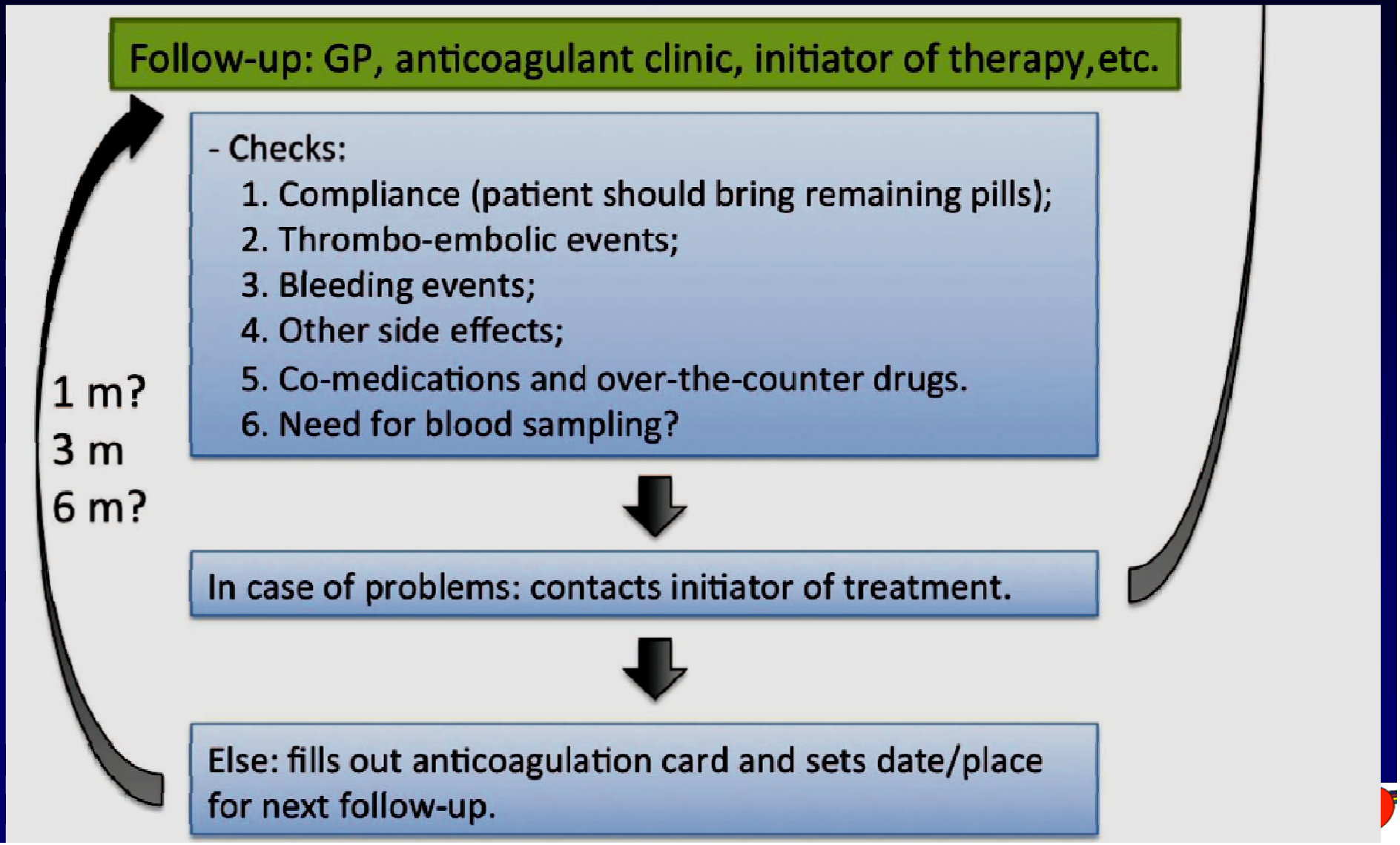
- Sets indication for anticoagulation;
- Makes choice of anticoagulant;
- Decides on need of proton pump inhibitor;
- Baseline haemoglobin, renal and liver function;
- Provides education;
- Hands out anticoagulation card;
- Organizes follow-up (when, by whom, what?);
- Remains responsible coordinator for follow-up.



first FU: 1 month

EHRA practical guide on the use of NOA in patients with atrial fibrillation

Heidbuchel, EHJ 2013 in press



Atrial fibrillation
oral anticoagulation card

for non-vitamin-K anticoagulants

Patient name: **DOB:**

Patient address:

Oral anticoagulant, dosing, timing, with or without food:

Treatment indication:

Treatment started:

Name and address of anticoagulant prescriber:

Telephone number of presciber or clinic:

EUROPEAN Heart Rhythm ASSOCIATION

EUROPEAN SOCIETY OF CARDIOLOGY®

More info:

www.NOACforAF.eu
www.noacforaf.eu

Planned or unplanned visits

Date (or date range):	Site (GP; clinic; cardiologist; ...):	To do / findings:

Recommended follow-up

(see EHRA at **www.NOACforAF.eu** for information & practical advice)

Check each visit:
1. **Compliance (pt. should bring remaining meds)?**
2. **Thrombo-embolic events?**
3. **Bleeding events?**
4. **Other side effects?**
5. **Co-medications and over-the-counter drugs.**

Blood sampling:
- **monitoring of anticoagulation level is not required!**
- **yearly:** Hb, renal and liver function
- **if CrCl 30-60 ml/min, >75y, or fragile:** 6-monthly renal function
- **if CrCl 15-30 ml/min:** 3-monthly renal function
- **if intercurring condition that may have impact:** renal and/or liver function

Date	Serum creatinine	Creatinine clearance	Hemo-globin	Liver tests

Important patient instructions

Take your drug exactly as prescribed (once or twice daily).
No drug is no protection!

Never stop your medicine without consulting your physician.

Never add any other medication without consulting your physician, not even short-term painkillers that you can get without prescription.

Alert your dentist, surgeon or other physician before an intervention.

Concomitant medication

Name:	Dose:

Emergency information

Standard tests do no quantitatively reflect level of anticoagulation!

Name & telephone of patient relative to contact if emergency:

Patient blood group (+ physician signature):



La prevenzione del tromboembolismo nella FA: ruolo dei NAO

Documento ANMCO su prevenzione del tromboembolismo nella FA e ruolo dei nuovi anticoagulanti orali