Anticoagulation in atrial fibrillation patients: what is the best option?

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From the Porto University Center of Medicine Stroke Update Course, Porto, Portugal. 26–27 June 2018.

Abstract

Introduction: Anticoagulant agents are recommended for preventing stroke in people with atrial fibrillation (AF). Vitamin K antagonists (VKAs) exhibit considerable variability in dose response among patients, are subject to multiple food and drug interactions and have a narrow therapeutic window. Because factor Xa inhibitors appear to offer practical advantages over VKAs, with fewer food and drug interactions, a fixed daily dose, and no need for monitoring of the anticoagulant effect, recent guidelines now also recommend such agents as treatment options for preventing stroke and other thromboembolic events in people with AF.

Case Report: 74-years-old male, independent in the activities of daily living, with controlled hypertension, smoker, chronic alcohol abuse, transient ischaemic attack in 2010 and atrial fibrillation anticoagulated with warfarin. The patient had labile values of International Normalized Ratio (INR) but was reluctant to change to a factor Xa inhibitor due to skepticism regarding the importance of his problem. In 2017, the patient was admitted to the emergency room because of right hemiparesis and slurred speech. The CT scan showed an acute cerebral infarction and multiple sequelae of ischaemic injuries. The carotid ultrasound revealed 80% stenosis of the right internal carotid artery. After 10 days in the stroke unit, the patient started a rehabilitation program. The medication was reviewed and the patient started apixaban to prevent new strokes.

Conclusion: There is still no consensus regarding the ideal anticoagulant agent in the prevention of stroke. However, in low quality VKA treatment patients, factor Xa inhibitors should be preferred.