OMICS International
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Omer Imtiazuddin, J Pharma Care Health Sys 2015, 2:5
http://dx.doi.org/10.4172/2376-0419.C1.009

Pharmaceutical Summit and Expo

October 08-10, 2015 New Delhi, India

Novel oral anti-coagulants: Indications and risks

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The US Food and Drug Administration (FDA) has approved 3 new anticoagulants, that for the first time, offer patients with such conditions as stroke in the setting of atrial fibrillation (AF), deep vein thrombosis, and pulmonary embolism a long-awaited alternative to the vitamin K antagonist Warfarin. This new class of drugs, called "target-specific oral anticoagulants" (TSOACs), includes dabigatran, rivaroxaban, and apixaban. Atrial Fibrillation (AF) is a common tachy-arrhythmia in Australia, with a prevalence over 10% in older patients. AF is the leading preventable cause of ischaemic stroke, and strokes due to AF have a higher mortality and morbidity. Stroke prevention is therefore a key management strategy for AF patients, in addition to rate and rhythm control. Anticoagulation with warfarin has been an enduring gold standard for stroke prevention in Non-Valvular AF (NVAF) patients. Noval Oral Anticoagulants (NOACs) are now approved and reimbursed for stroke prevention in patients with NVAF. International European Cardiology guidelines now recommend either an NOAC or warfarin for NVAF patients with a CHA2DS2-VASc score ≥2, unless contraindicated. Apixaban is a direct factor Xa inhibitor with a 12 hour half-life and 25% renal excretion that was found in a large trial of NVAF patients to be superior to warfarin in preventing stroke or systemic embolism. Apixaban also resulted in less bleeding and a lower mortality rate than warfarin. The predictable pharmacokinetics and minimal drug interactions of apixaban should allow for safe anticoagulation in the majority of patients, including temporary interruption for elective procedures.

Biography

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