The Heart Group

# Anticoagulation soup – demystifying anticoagulation in patients with CAD +/– AF

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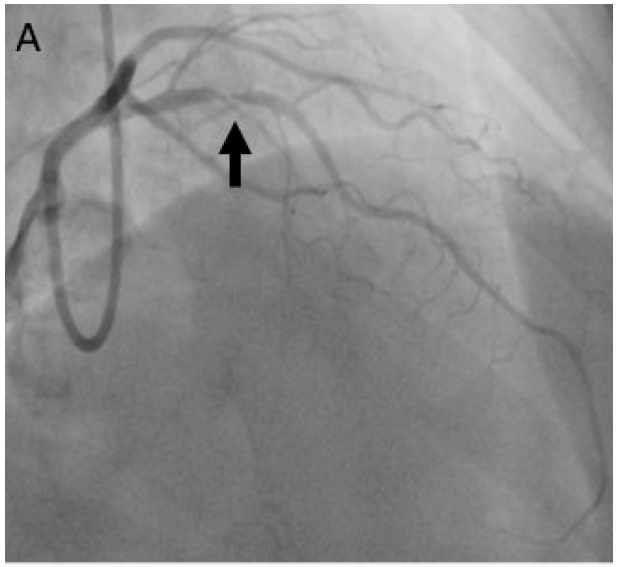
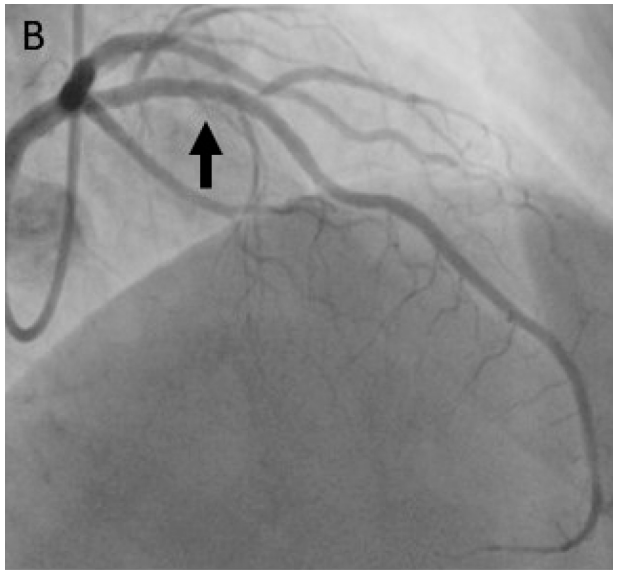
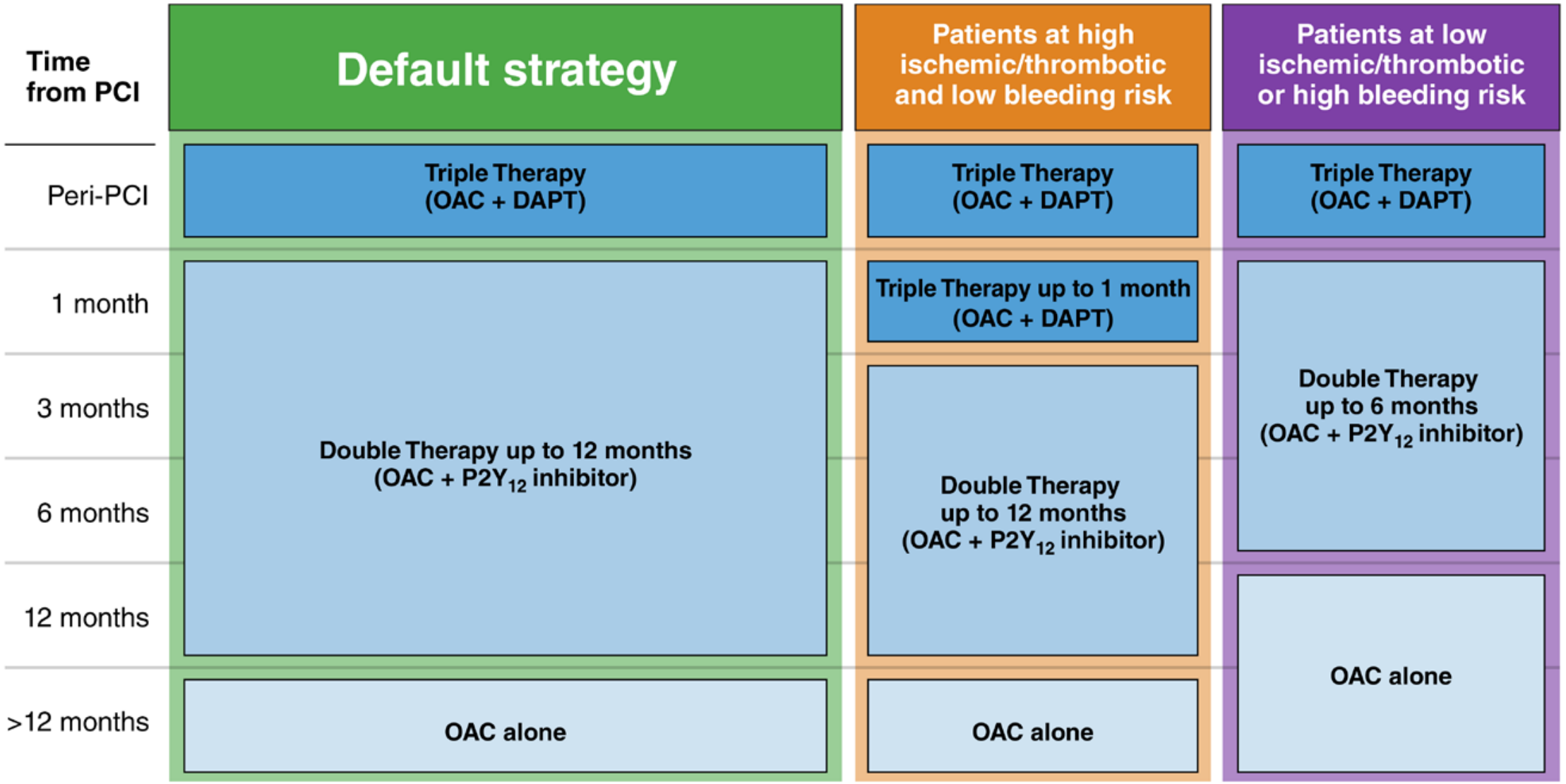
# Case 1

- 76yo Māori woman with a history of AF
- Background of coronary heart disease, hypertension, and dyslipidaemia
- On dabigatran 110mg bd, bisoprolol 10mg od, ISMN 120 mg od, candesartan 8mg od, and rosuvastatin 20mg od
- PCI to LAD six weeks ago for ongoing angina despite medical therapy
- Bisoprolol and isosorbide mononitrate discontinued
- Commenced on aspirin and clopidogrel






Angiolillo DJ, et al. Circulation 2021;143:583–596

# Case 2

- 78 year old woman
- Background of hypertension
- Usual medications: Felodipine ER 5mg daily, Candesartan 16mg daily
- BP 132/75, HR 85bpm, euvolaemic
- ECG: AF, normal QRS duration and axis
- Echo: Normal ventricular size/function, no valvular heart disease, moderate bi-atrial enlargement
- Bloods: HB 130, Creatinine 135 (eGFR 32), HBA1c 42, Urine ACR 2, normal LFTs, normal TSH

| | Dabigatran | Apixaban | Edoxaban | Rivaroxaban |
|---|---|---|---|---|
| Dosing recommendation | CrCl ≥ 50 mL/min: 150 mg BID) | SCr ≥ 1.5 mg/dL: 5 mg BID) | Not available | CrCl ≥ 50 mL/min: 20 mg QD) |
| Dosing if CKD | When CrCl 30-49 mL/min, 150 mg BID is possible (SmPC) but 110 mg BID if "high risk of bleeding" | CrCL 15-29 mL/min: 2.5 mg BID<br>SCr > 1.5 mg/dL in combination with age ≥ 80 years or weight ≤ 60 kg (SmPC) or with other cautionary factors: 2.5 mg BID | Not available | 15 mg QD when CrCl 15-49 mL/min |

Heidbuchel H, et al. *Eur Heart J.* 2013;34:2094-2106.

**Table 3:** Oral anticoagulation in stroke patients with atrial fibrillation for all patients and for Māori and by non-urban hospitals.

| | All | Māori | Non-Māori | P-value | Urban | Non-Urban | P-value |
|---|---|---|---|---|---|---|---|
| **Overall AF prevalence*** | 807/2,352 (34.9) | 107/273 (39.2) | 700/2,079 (33.7) | 0.07 | 478/1,420 (33.7) | 329/932 (35.3) | 0.42 |
| **Known AF on anticoagulant** | 442/666 (66.3) | 66/88 (75.0) | 376/578 (65.0) | 0.06 | 251/388 (64.7) | 191/278 (68.7) | 0.28 |
| **New AF diagnosis at time of stroke** (not on anticoagulant at time of stroke) | 141/807 (17.5) | 19/107 (17.8) | 122/700 (17.4) | 0.92 | 90/478 (18.8) | 51/329 (15.5) | 0.23 |
| **Known AF but not on anticoagulant** | 224/666 (33.6) | 22/88 (25.0) | 202/578 (34.9) | 0.07 | 137/388 (35.3) | 87/278 (31.3) | 0.28 |
| **Reason** for no anticoagulation | | | | | | | |
| Falls | 14/205 (6.8) | 2/20 (10) | 12/185 (6.5) | 0.56 | 9/123 (7.3) | 5/82 (6.1) | 0.74 |
| ICH, GI bleed, other bleed | 42/205 (20.5) | 3/20 (15) | 39/185 (21.1) | 0.52 | 26/123 (21.1) | 16/82 (19.5) | 0.78 |
| Frailty, comorbidities, side effects | 27/205 (13.2) | 1/20 (5) | 26/185 (14.1) | 0.25 | 12/123 (9.8) | 15/82 (18.3) | 0.79 |
| Pre-/peri-procedure | 7/205 (3.4) | 1/20 (5) | 6/185 (3.2) | 0.67 | 6/123 (4.9) | 1/82 (1.2) | 0.15 |
| Patient preference/non-compliant | 37/205 (18.1) | 5/20 (25) | 32/185 (17.3) | 0.40 | 22/123 (17.0) | 15/82 (18.3) | 0.81 |
| Stopped for procedure and never restarted | 7/205 (3.4) | 1/20 (5) | 6/185 (3.2) | 0.67 | 3/123 (2.4) | 4/82 (4.9) | 0.33 |
| AF duration felt not significant | 5/205 (2.4) | 0/20 (0) | 5/185 (2.7) | 0.46 | 4/123 (3.3) | 1/82 (1.2) | 0.34 |
| Unknown | 66/205 (32.2) | 7/20 (35) | 59/185 (31.9) | 0.78 | 41/123 (33.3) | 25/82 (20.5) | 0.05 |

Data are number of patients (% of group)
*Missing values/unknown: n=63
#Missing values=19

Ranta SM, Stewart R et al. Atrial fibrillation and anticoagulation in patients hospitalised for stroke in the REGIONS Care study. NZMJ. Vol 136,