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Atrial Fibrillation– Novel Oral Anticoagulants (NOACS) as a therapeutic option.

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Introduction Atrial fibrillation can be prevented by optimal anticoagulation of patients. Most patients are anticoagulated with vitamin K antagonists (VKAs) which requires regular monitoring. Further its efficacy is affected by dietary habits and drug interactions, resulting in difficulties in maintaining the dosage within the narrow therapeutic range (measured using INR). SAME-TT2R2 score aids in decision making between VKAs and Novel Oral Anticoagulants (NOACs)

Objectives To compare Vitamin K antagonists (VKA), and (NOACS) based on SAME-TT2R2 as the treatment option for atrial fibrillation.

Methodology This is a descriptive, retrospective case-based study carried out at the anticoagulation clinic at Teaching Hospital Jaffna for a period of 1 month (May 2020). Data of 136 patients with atrial fibrillation were studied. Variables included age, gender, optimal anticoagulation, and the SAME-TT2R2 value. The International Normalized Ratio (INR) of the preceding 6 months was obtained and if more than 2 values were out of range, it was considered as suboptimal anticoagulation. SAME-TT2R2 was calculated based on the required variables as per validated standards. The statistical significance of NOVACs over VKA was calculated using one sample t-test.

Results Of the 136 patients with atrial fibrillation the mean age was 54.2+/- 11.9 (range 22 to 79) years and 95(69.9%) were females. 118(86.8%) had valvular heart disease. Based on the INR of the last 6 months 96(70.6%) had an unstable INR (out of required range). Based on SAME-TT2R2 131(96.3%) had a score of >2 and were eligible for Novel Oral Anticoagulants. 5(3.7%) had a score of 0-2 and were eligible for Vitamin K antagonist. The p value was significant being <0.05 (0.000) when NOVACs was compared to VKA.

Conclusion Labile INR was the common in patients with atrial fibrillation. Comparing the possible use of NOACS versus VKA using the SAME-TT2R2 showed a significant benefit of NOACS as the treatment of choice in atrial fibrillation.

Limitations A larger study is needed to confirm the results and the reasons for suboptimal INR in patients on VKA should be analysed.