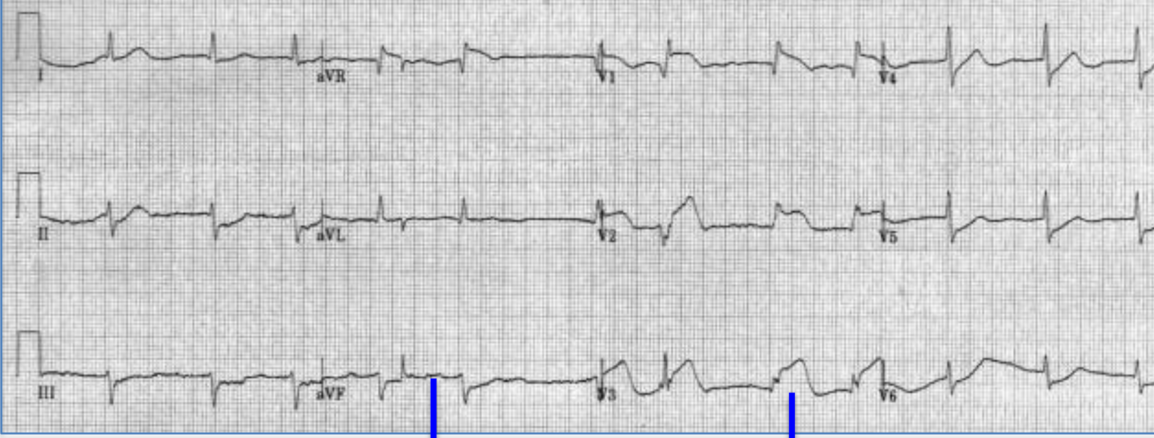
NOAK kullanmakta olan hasta akut anterior MI ile gelirse

Dr. Özer Badak
Dokuz Eylül Üniv.



AKS ile başvuran hastaların % 5-10 u OAK kullanan AF li

Am J Cardiol. 2014;114:70–8.

RİSKLER

-AF : İnme riski: OAK

-MI : *Anlık :* Miyokard nekrozu: PPKG - Litik - UFH - DAPT
Sonradan : Rekürran olay / stent trombozu riski: DAPT

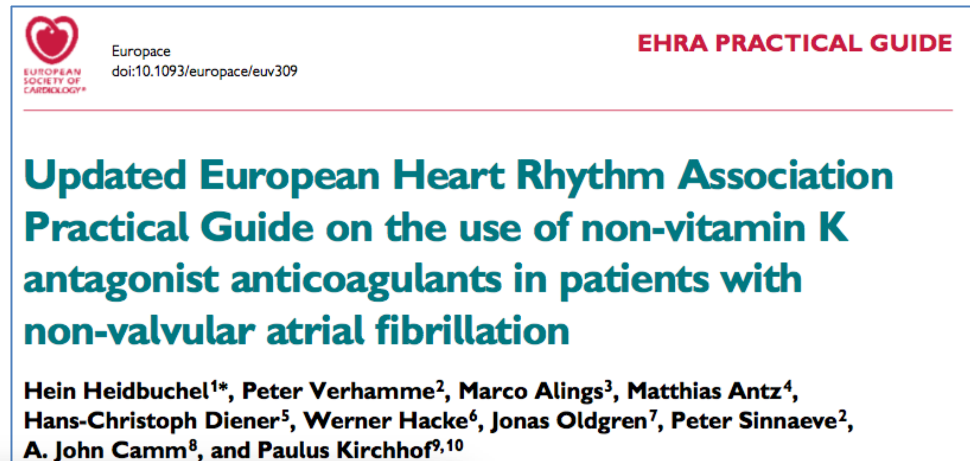
-Kanama Riski: OAK + SAPT-DAPT kaynaklı

ilgili kılavuzlar

European Heart Journal (2014) 35, 3155–3179
doi:10.1093/eurheartj/ehu298

CURRENT OPINION

Management of antithrombotic therapy in atrial fibrillation patients presenting with acute coronary syndrome and/or undergoing percutaneous coronary or valve interventions: a joint consensus document of the European Society of Cardiology Working Group on Thrombosis, European Heart Rhythm Association (EHRA), European


Europace
doi:10.1093/europace/euv309

EHRA PRACTICAL GUIDE

Updated European Heart Rhythm Association Practical Guide on the use of non-vitamin K antagonist anticoagulants in patients with non-valvular atrial fibrillation

Hein Heidbuchel[1]*, Peter Verhamme[2], Marco Alings[3], Matthias Antz[4], Hans-Christoph Diener[5], Werner Hacke[6], Jonas Oldgren[7], Peter Sinnaeve[2], A. John Camm[8], and Paulus Kirchhof[9,10]

Oral anticoagulants in coronary heart disease (Section IV)

Position paper of the ESC Working Group on Thrombosis – Task Force on Antic
Heart Disease

Raffaele De Caterina[1]*,**; Steen Husted[2]*,**; Lars Wallentin[3]*,**; Felicita Andreotti[4]**; Harald Arnesen[5]**;
Colin Baigent[7]**; Jean-Philippe Collet[8]**; Sigrun Halvorsen[5]**; Kurt Huber[9]**; Jørgen Jespersen[10]**; Steen D
Gregory Y. H. Lip[12]**; João Morais[13]**; Lars Hvilsted Rasmussen[14]**; Fabrizio Ricci[1]**; Dirk Sibbing[15]**; Agne
Robert F. Storey[16]**; Jurrien ten Berg[17]**; Freek W. A. Verheugt[18]**; Jeffrey I. Weitz[19]

AMERICAN COLLEGE *of* CARDIOLOGY

Guidelines | JACC

All Types ▾ Sea

Clinical Topics | Latest In Cardiology | Education and Meetings | Tools and Pra

Management of STEMI in Patients on NOACs and Undergoing Primary PCI

Oct 22, 2015 | Jaya Reddy Mallidi, MBBS, MHS , FACC; Amir S. Lotfi, MD

Expert Analysis

European Heart Journal (2016) 37, 2893–2962
doi:10.1093/eurheartj/ehw210

ESC

2016 ESC Guidelines for the management of atrial fibrillation developed in collaboration with EACTS

The Task Force for the management of atrial fibrillation of the European Society of Cardiology (ESC)

AF patient on NOAC

Elective PCI

Stop NOAC: last dose ≥24h before intervention

Consider alternatives (as in all with need for chronic OAC):
- Bypass surgery
(- Sole balloon angioplasty)

Periprocedural anticoagulation per local practice:
- Bivalirudin (preferred), or
- UFH (per ACT/aPTT)
- Avoid IIb/IIIa inhibitors

Stent type:
Prefer new-generation DES (or BMS)

Acute Coronary Syndrome

On admission:
- Stop NOAC
- Load with ASA (150-300 mg) + P2Y12 inhibitor (unless frail with high bleeding risk)

STEMI

Primary PCI, preferred
- Radial access
- Prefer new-generation DES
- Additional UFH, LMWH, bivalirudin (regardless of last NOAC)
- Avoid IIb/IIIa inhibitors unless bail-out

Fibrinolysis
- Only if no residual NOAC effect (based on last intake and/or coagulation test)
- No UFH or enoxaparin until no residual NOAC effect

Non-STEMI

Non-urgent
- Delay PCI
- Start fondaparinux (preferred) or LMWH ≥12h after last NOAC
- Avoid upstream bivalirudin, UFH, or IIb/IIIa inhibitors

Urgent
- Guide antithrombotic management on residual NOAC effect (last intake; CrCl; coagulation test), although no prospective data

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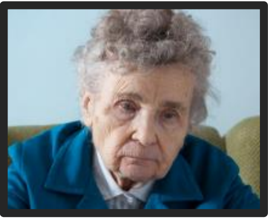
After discontinuation of parenteral anticoagulation: restart same NOAC, in combination with single or dual antiplatelets (see Figure 7)
- Consider dabigatran 110 mg BID for patients on 150 mg BID
- When considering apixaban 2.5 mg BID, rivaroxaban 15 mg OD or edoxaban 30 mg OD : no data on stroke prevention if no normal dose reduction criterion (mainly CrCl)

PPI should be considered
Discharge with prespecified step-down plan **(see Figure 7)**

EHRA 2015 NOAK Kılavuzu



1

1 BAŞVURU ANI TEDAVİSİ

-NOAK STOP.

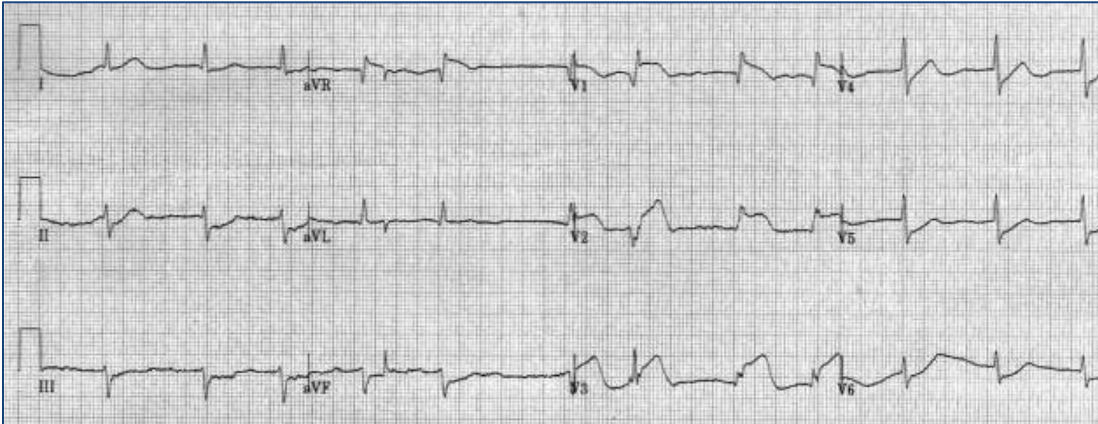
-ASA (150-300 mg) ve Clopidogrel yükle

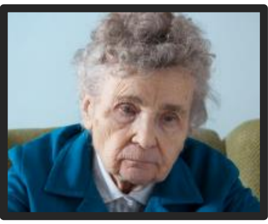
-Ticagrelor, prasugrel ??

saatler

NOAK dozu

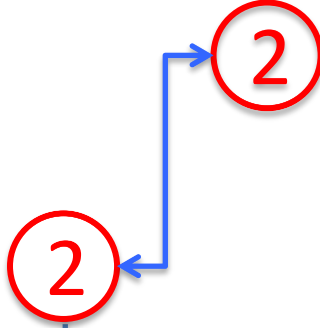
Başvuru





1 BAŞVURU ANI TEDAVİSİ

- ASA: 150 mg
- Klopidogrel: 300-600 mg



Reperfüzyon tedavisi

- Primer PKG
- Fibrinolitik tedavi ??

Giriş Yolu

- Tercihen Radyal
- Femoral ? Vasküler kapama cihazları ?

RIVAL: Lancet. 2011;377l1409-20.
MATRIX: Lancet. 2015;385l2465-76.

ARRHYTHMIAS AND ELECTROPHYSIOLOGY
SESSION TITLE: SAFETY AND EFFICACY FOR ABLATION OF ATRIAL FIBRILLATION

Abstract 13431: Safety And Efficacy of Angioseal Deployment in Patients With Common Femoral Artery Access During Electrophysiological Procedures Performed With Uninterrupted Oral Anticoagulation

Carola Gianni, Jason T Engel, Brent M Powers, Sanghamitra Mohanty, Chintan Trivedi, Rong Bai, Amin Al-Ahmad, J D Burkhardt, G J Gallinghouse, Patrick M Hranitzky, Rodney P Horton, Javier E Sanchez, Salwa Beheiry, Luigi Di Biase, Andrea Natale

Circulation. 2016;134:A13431

İlave antitrombotik

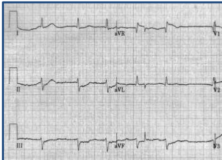
- UFH 50-70 U/kg (ACT:250-300)
- GPIIbIIIa: YOK

Stent

- Yeni kuşak DES
- ZES, EES

4 Saat | *dakikalar*

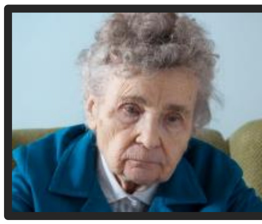
NOAK dozu — *başvuru* — *PPKG*



BAŞVURU ANI TEDAVİSİ

1

- ASA: 150 mg
- Klopidogrel: 300-600 mg

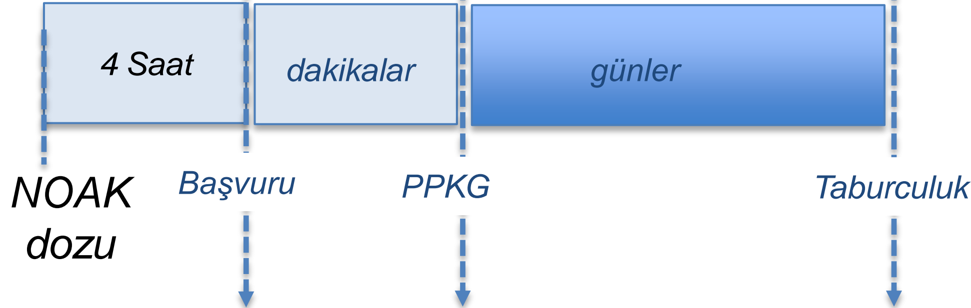


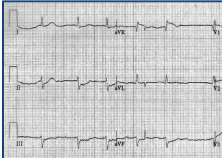
Reperfüzyon tedavisi

2

- Primer PKG
- Radyal yol, DAPT ilave
- EES, ZES

3





3

Hastane İzlemi

- NOAK a dönüş

Dabi110, Edox 30

Riva20, Apix5 ??

ESC 2016 AF Kılavuzu
Thromb Haemost 2016;115:685.

- PPI
- İlaç kullanım planının yapılması

AF patient in need of OAC after an ACS

Bleeding risk low compared to risk for ACS or stent thrombosis	Bleeding risk high compared to risk for ACS or stent thrombosis

Time from ACS

Dual therapy with any oral anticoagulant plus clopidogrel 75 mg/day may be considered as an alternative to initial triple therapy in selected patients.	IIb	C

3 months

Triple therapy (IIaB)

Dual therapy[b] (IIaC)

6 months

Dual therapy[b] (IIaC)

12 months

[c]Dual therapy with OAC and an antiplatelet agent (aspirin or clopidogrel) may be considered in patients at high risk of coronary events.

OAC · Aspirin 75–100 mg daily · Clopidogrel 75 mg daily

ESC 2016 AF Kılavuzu

özetle

Bugün için; NOAK kullanan AF li Hastada STEMI varsa

- İlk anda ASA + P2Y12 yüklemesi
- Tercihen radyal yolla PPKG
- PPKG sırasında 50-70 U/kg UFH
- Yeni kuşak EES, ZES
- Sonraki dönemde iskemi ve kanama risklerini değerlendirip;
  - -1-6 ay arası 3 lü tedavi [En düşük etkisi kanıtlı NOAK dozu]
    - -*Çok yüksek risk: 3 lü tedavi verilmeyebilir.*
  - -12 aya kadar 2 li tedavi (NOAK+Clopi)
  - -12 ay sonrası sadece NOAK

- Yakın zamanda sonuçlanacak çalışmalarla daha net öneriler beklenebilir.

teşekkürler,
iyi toplantılar...

Dr. Özer Badak

8.4.2017