

Anticoagulation During Covid-19

Anticoagulants are a series of medications that slow the bloods clotting processes that are used in common practice.

Their main use is:

- To prevent strokes in those with the heart rhythm issue atrial fibrillation (also known as AF)
- To stop thrombosis (blood clots) in those who have either suffered a blood clot or are very high risk of developing clots, also known as 'deep vein thrombosis' (DVT) and 'pulmonary embolism' (PE).

Although these medications work in different ways the final result is the same in that people taking them may bleed a little more freely but most importantly, they do not suffer life changing blood clots or strokes.

Effectiveness

There are many studies that have been undertaken over the past 15 years that have compared the newer agents, known collectively as direct acting oral anticoagulants (DOACs) which include apixaban, dabigatran, edoxaban and rivaroxaban, with the older treatments such as warfarin and heparin. In these studies, the DOAC agents have consistently been shown to be as effective as the more traditional treatments.

Safety

All studies looking at the effectiveness of the anticoagulants have always considered safety. In each of the studies they have been found to be at least as safe as the older medications. As the DOACs are much more stable in their effect than the older medications, particularly warfarin, this can mean that they are safer; particularly if the warfarin control has been difficult.

Experience

Although the DOACs are often called 'new medication' this would not be regarded as the case. They have been used in clinical practice for over 15 years. There are areas of the country where DOACs make up more than 80% of all anticoagulation medication used. Although the experience of clinicians using medication can always be a little variable due to clinical speciality and personal interests, the collective experience in the NHS of using DOACs would be regarded as extensive.

Why are we switching now?

There has been no debate within the clinical community that DOACs are safe and effective medication, but some areas have been concerned about the cost to the NHS. In this time of crisis and lockdown the stability of dosing with DOACs is a great asset. Unlike warfarin, that requires regular testing to ensure its safety is maintained, the DOACs dose is determined by a simple blood test looking at the ability of the kidney to clean the blood. Once the dose has been determined you can take your daily dosage and be assured that the effect on the bloods ability to clot will be consistent; not only in its effectiveness to prevent harmful clots, but also to not cause unnecessary bleeding.

Can everyone take a DOAC?

Not everyone is suitable for a DOAC and they will need to remain on their previous medication.

People who cannot take a DOAC are:

- The Pregnant
- Breast feeding mothers
- Previous allergy or sensitivity
- Those whose warfarin needed an INR higher than 3
- Those with antiphospholipid syndrome
- People with poor renal function
- People on dialysis