AF MEDICONF 3 3 18

Primary Care Cardiovascular Society

Start NOAC as soon as AF diagnosed by 12 Lead Broomwell

HAS BLEED not for indications to avoid NOAC but to identify avoidable factors eg HBP

Hypertension

24 H tape best

Home readings next best

Surgery readings worst

UNSTABLE INRS with Warfarin [ under 2] worse than no anticoagulant If unstable INRS change to NOAC

Short half life = easier management of a bleed Any of the 4 NOACS ok no need to worry about antidote [available fro Dagibatgran]

Use any NOAC check the dose don't use low dose does not work Rivaroxaban easiest dose depends on renal function

Can't use NOAC id INR over 3 needed as in metal valve or second pulmonary embolus [ while on NOAC]

Can't use NOAC if EGFR under 30 will have to go on to Warfarin

Check UE every 6/12

NOACS more GI bleeds [treatable] fewer IC bleeds [untreatable]

Aspirin does not affect the left atrium clots only the artery wall plaques with platelet accumulations

REVIEW WARFARIN TTR [Time in Therapeutic Range] Must be 65% or better 7- & the Yellow Book does not give this The INR clinic should be asked to supply.

GP IS LIABLE AS SIGNER OF PRESCRIPTION EVEN THOUGH DOSE ORDERED BY THE INR CLINIC. TTR SHOULD BE CHECKED x2 A YEAR

How to switch from Warfarin to NOAC

Stop Warfarin when INR under 3  start Rivaroxaban [2.5-3 for the other 3 NOACS] start the NOAC the next day

Warfarin Monitoring  Warfarin Patient safety Audit Tool from PRIMIS

If patient is forgetting to take needs dosset box but note that Dagibatran can't go in a dosset box as has to stay in its foil seal or it will spoil

NOAC contraindicated if Metal Valve Poor RF or hopeless non complikance

Cockcroft-Gault calculator of RF better renal risk calculator  as it includes weight  can be downloaded as a template to EMIS but little difference unless massive overweight or very tiny slim

Any GI bleed indicates some underlying GI condition so must be investigated

After investigating and treating caUse of a GI bleed can restart the NOAC

Single AF episode  Has to be decided if likely to recur  Do 72h ECG and ECHO

If angina on aspirin stop if going onto NOAC

STENT Cardiolgist must specify in his letter  what and for how long Soon will be using NOACS. No triple therapy and No  dual therapy  for >1 year