

The direct oral anticoagulants: can we finally stop using rat poison?

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Abstract

The era of warfarin as the principal oral anticoagulant is drawing to a close as a result of the introduction of direct oral anticoagulants. Direct oral anticoagulants are associated with reduced bleeding and similar or better efficacy than warfarin. Furthermore, the lack of need for monitoring results in a strong preference of patients for these medications. The use of the direct oral anticoagulant is supported by both clinical trial data and experience from large population studies. Bleeding is frequently cited as a concern with direct oral anticoagulants despite high-quality evidence that this complication is both more frequent, and more morbid, with warfarin. Although an antidote has been introduced for dabigatran, there is still no widely available reversal agent for the Xa inhibitors. Idarucizumab should be used in patients with major or life-threatening bleeding who are taking dabigatran. Patients with mechanical heart valves or those with potent procoagulant states such as antiphospholipid antibody syndrome, heparin-induced thrombocytopenia, or cancer-associated thrombosis should not be treated with direct oral anticoagulants outside the context of a study.

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