

XI congresso nazionale

simeu

ROMA 24-26 MAGGIO 2018

Trauma Cranico Minore nei Pazienti in Terapia con Anticoagulanti:

Confronto Tra Dicumarolici E Nuovi Anticoagulanti

Dottor Alessandro Riccardi

Medicina e Chirurgia d'Accettazione e d'Urgenza, Ospedale San Paolo, Savona



**TRAUMA
CRANICO:
1.5% di tutti
gli accessi
di PS**

400mila

pazienti

ogni anno

**E' SEMPRE PIU' FORTE
L'INDICAZIONE ALLA
TERAPIA
ANTICOAGULANTE NELLA
FIBRILLAZIONE ATRIALE**



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)

Developed with the special contribution of the European Heart Rhythm Association (EHRA) of the ESC

ANTICOAGULAZIONE



INTRODUZIONE DEI
DOACs

DOACs

DIMOSTRAZIONE DI
PARI EFFICACIA DEI
DOACs RISPETTO AI VKA

EMORRAGIE SPONTANEE

DIMOSTRAZIONE DI
MAGGIORE SICUREZZA
DEI DOACs PER LE
EMORRAGIE
SPONTANEE



**MA NEL
TRAUMA?**

**NON
POSSIAMO
MISURARE
L'INR**





**E NON
ABBIAMO
(quasi)
L'ANTIDOTO**

**AD OGGI
ESISTONO POCHES
EVIDENZE SUL
TRAUMA NEL
PAZIENTE IN
DOACs**



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American Journal of Emergency Medicine

journal homepage: www.elsevier.com



Intracranial complications after minor head injury (MHI) in patients taking vitamin K antagonists (VKA) or direct oral anticoagulants (DOACs)^{☆ ☆ ☆}

Alessandro Riccardi MD*, Beatrice Spinola MD, Pierangela Minuto MD, Maria Ghinatti MD, Grazia Guido MD, Michele Malerba MD, Roberto Lerza, MD

S.C. Medicina e Chirurgia d'Accettazione e d'Urgenza, Ospedale San Paolo, Savona — ASL N°2 Savonese, Italy

| | VKA | DOACs | <i>p</i> values |
|--------------------------------------|-----------------------------------|-----------------------------------|------------------------------|
| Number of patients | 118 | 107 | |
| Males | 62 (mean age 81.8) Range 60–94 | 56 (mean age 80.1) Range 64–91 | |
| Females | 56 (mean age 84.4) Range 64–96 | 51 (mean age 81.0) Range 65–96 | |
| Atrial fibrillation | 115 | 105 | |
| Pulmonary embolism | 3 | 2 | |
| Intracranial complications | 12 (6 males) | 3 (3 males) | $X^2 = 5.05$; $p < 0.05$ |
| Neurosurgery/death | 0/2 | 0 | $X^2 = 1.84$; $p > 0.05$ |
| TC scan repeated after 24 h | 62% | 57% | $X^2 = 0.61$; $p > 0.05$ |
| Admission within 1 months for ICH | 0 | 0 | $X^2 = 0$; $p > 0.05$ |

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MATERIALI E METODI

STUDIO OSSERVAZIONALE DAL GENNAIO 2016 AD
APRILE 2018

PAZIENTI CON TRAUMA CRANICO MINORE

ESCLUSI I PAZIENTI CON VALVOLA MECCANICA

ESCLUSI I PAZIENTI CON CONTEMPORANEA
ANTIAGGREGAZIONE

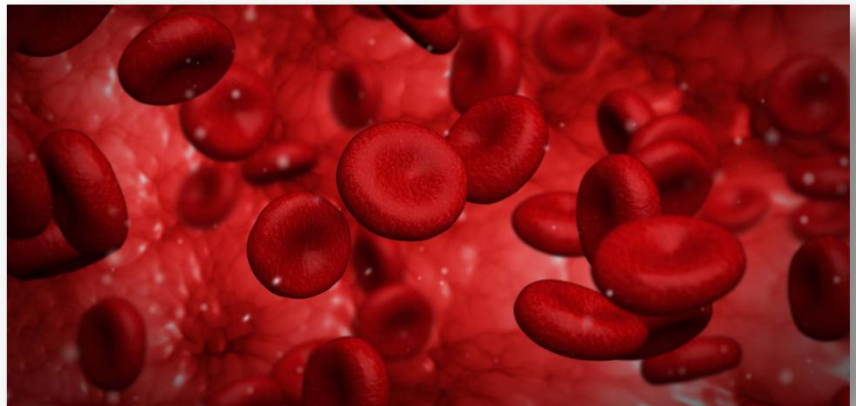


MATERIALI E METODI

VALUTAZIONE DEMOGRAFICA

VALUTAZIONE COMPLICANZE EMORRAGICHE,
TRATTAMENTO E OUTCOME

CONFRONTO CON LE PRINCIPALI SCALE DI RISCHIO
EMORRAGICO



HAS-BLED

ATRIA bleeding score

ORBIT

HAS-BLED

| Letter | Clinical Characteristic | Points |
|---------------|----------------------------------|--------|
| H | Hypertension | 1 |
| A | Abnormal Liver or Renal Function | 1 or 2 |
| S | Stroke | 1 |
| B | Bleeding | 1 |
| L | Labile INR | 1 |
| E | Elderly (age > 65) | 1 |
| D | Drugs or Alcohol | 1 or 2 |
| Maximum Score | | 9 |

ATRIA

| Clinical Characteristic | Points |
|-------------------------|--------|
| Anemia | 3 |
| Severe Renal Disease | 3 |
| Age ≥ 75 Years | 2 |
| Prior Bleeding | 1 |
| Hypertension | 1 |
| Maximum Score | 10 |

ORBIT

| Variabile | Punti |
|--|-------|
| Eta = 75 anni | 1 |
| Riduzione dell'emoglobina (< 13 mg/dL negli uomini, < 12 mg/dL nelle donne), dell'ematocrito (< 40% negli uomini, < 36% nelle donne) o storia di anemia. | 2 |
| Pregresso sanguinamento | 2 |
| Insufficienza renale (eGRF < 60 mg/dL/1.73 m2) | 1 |
| Trattamento con antiaggreganti piastrini | 1 |
| Valutazione: rischio basso (0-2), medio (3), alto (= 4) | |

REVIEW

TRACY HAGERTY, MD

Fellow in Cardiology, Washington University
School of Medicine, St. Louis, MO

MICHAEL W. RICH, MD

Director, Cardiac Rapid Evaluation Unit,
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Medicine, Washington University School
of Medicine, St. Louis, MO

Fall risk and anticoagulation for atrial fibrillation in the elderly: A delicate balance

In another study,²² it was estimated that an individual would have to fall 295 times in 1 year for the risk of fall-related major bleeding to outweigh the benefit of warfarin in reducing the risk of stroke.

FEAR THE
CLOT
NOT THE
BLEED

RISULTATI

338 PAZIENTI CON TCM IN TERAPIA ANTICOAGULANTE

215 IN DOACS (RIVAROXABAN, APIXABAN, DABIGATRAN, EDOXABAN)

173 IN VKA (WARFARIN, ACENOCUMAROLO)





AUMENTO DELLE
PRESCRIZIONI DEI
DOACs

| | VKA | DOACs |
|---|-----------------------------------|------------------------------------|
| Number of patients | 173 | 215 |
| Males | 80 (mean age 81.8) Range 53-95 | 107 (mean age 80.2) Range 56-91 |
| Females | 93 (mean age 84.5) Range 64-97 | 108 (mean age 82.7) Range 65-96 |
| Atrial fibrillation | 164 | 206 |
| Thromboembolism | 9 | 9 |
| Intracranial complications (ICH) | 18 | 6 |
| Neurosurgery | 1 | 0 |
| Death | 2 | 0 |
| Admission after 1 month for ICH | 0 | 0 |

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NELLE COMPLICANZE

5 pz in VKA (27%) INR>3

2 pz in DOACs (33%) dose massima

GRUPPO DOACS

40% in terapia non massimale
(DOSE MINIMA EFFICACE)

- Dabigatran 110mg x 2
- Apixaban 2,5 mg x 2
- Rivaroxaban 15 mg
- Edoxaban 30 mg

PERO'



Contents lists available at [ScienceDirect](#)

Journal of Arrhythmia

journal homepage: www.elsevier.com/locate/joa



CrossMark

Original Article

Indications for suboptimal low-dose direct oral anticoagulants for non-valvular atrial fibrillation patients

Masahiko Umei, MD*, Mikio Kishi, MD, Takahiro Sato, MD, PhD, Akito Shindo, MD, Masayuki Toyoda, MD, Masaaki Yokoyama, MD, Masashiro Matsushita, MD, Satoshi Ohnishi, MD, Masao Yamasaki, MD, PhD*

Department of Cardiology, NTT Medical Center Tokyo, Tokyo, Japan

In the present study, our findings can be summarized into 6 main points as follows.

- 1) Patients with a comparatively high risk of stroke and bleeding tended to be prescribed apixaban or rivaroxaban in our hospital. Patients prescribed suboptimal low-dose were significantly older, more often with moderate renal impairment and with concomitant use of antiplatelet drugs than high dose of DOAC in the rivaroxaban and apixaban group.
- 2) Patients prescribed dabigatran discontinued the medication significantly more often than did those prescribed rivaroxaban or apixaban, with the main reason for discontinuation being digestive symptoms.
- 3) The incidence of thromboembolic events was more or less similar to that reported in previous clinical trials, demonstrating the considerable efficacy of the examined DOACs.

- 5) Bleeding events occurred in all three DOAC groups; however, major bleeding (including intracranial hemorrhage) occurred in only a very small proportion in this study, with no mortality.
- 6) No patient on suboptimal low-dose DOAC had an ischemic stroke, as long as the DOAC was taken regularly. Patients often desire cessation of anticoagulants after even minor bleedings; however, maintaining a low-dose DOAC may be important for patients who have a higher risk of stroke and bleeding in such situations.

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| VKA | | DOACs |
|-------------|----------------------------|--------------|
| 173 pts | | 215 pts |
| 49(28.3%) | HAS BLED High (≥ 3) | 55 (25.5%) |
| | ATRIA | |
| 44 (25.4%) | High (score > 4) | 51 (23.7%) |
| 5 (2.8%) | Medium (4) | 11 (5.1%) |
| 124 (71.6%) | Low (<4) | 153 (71.1%) |
| | ORBIT | |
| 15 (8.6%) | High(score ≥ 4) | 18 (8.3%) |
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| 114 (65.8%) | Low (0-2) | 147 (68.3%) |

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EQUIVALENZA DI RISCHIO



CONCLUSIONI

I nostri dati sembrano confermare la precedente osservazione di una maggiore sicurezza dei DOACs rispetto ai VKA



CONCLUSIONI

L'aumento della popolazione in terapia con DOACs e la maggiore uniformità rispetto ai pazienti in terapia con VKA non ha modificato la loro sicurezza per le complicanze intracraniche nel trauma cranico minore



CONCLUSIONI

Nel paziente fragile e con rischio elevato di caduta (non contemplato dalle scale di rischio emorragico) una terapia a dose ridotta dei DOACs è da preferire sia rispetto alla dose piena dei DOACs sia rispetto ai VKA



THANK

YOU