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LETTERS

NEW ORAL ANTICOAGULANTS

Safety of new oral anticoagulants in high risk patients

Stephen Dalgleish *orthopaedic specialty registrar*

NHS Tayside, Ninewells Hospital, Dundee, UK

Wallace and Davies are rightly worried by the lack of antidotes for new oral anticoagulants.[1]

Rivaroxaban, a direct factor Xa inhibitor, has been shown to be non-inferior to warfarin for the prevention of stroke and systemic emboli and is associated with comparable levels of bleeding.[2] A small preliminary trial found that prothrombin complex concentrate could reverse the effects of rivaroxaban, but this was in healthy subjects who were not taking high doses of anticoagulants.[3] Those who are most likely to require anticoagulation and meet the criteria for these new drugs are those who are potentially most at risk from the drugs' side effects—notably, frail elderly patients with hip fractures who may have underlying renal impairment. Given that a third of the administered dose of rivaroxaban and 85% of the dose of dabigatran is excreted as an unchanged active substance,[4] patients with impaired renal function are at higher risk of life threatening haemorrhage. There are already reports of poorer outcomes and mortality as a consequence in trauma patients who have been taking dabigatran.[5] Surgeons and physicians should be extremely cautious of these drugs and have contingency plans in place with local haematology and blood transfusion departments, so that prompt treatment can be given in the emergency setting.

Reporting of new anticoagulant trials and licensing of drugs should be subjected to closer scrutiny. Rather than focusing merely on the thromboprophylactic efficacy of a new drug, attention should be given to the morbidity attached to the population group most likely to be prescribed the drug, and whether a licensed product for reversal in the emergency setting is readily available.

Competing interests: None declared.

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sdalgleish@nhs.net