



## QUICK REFERENCE GUIDE **SUMMARY**

# Practical use of Direct Oral Anticoagulants (DOACs) in Atrial Fibrillation in General Practice



### AUTHORS

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### Summary

- There is no longer a requirement to apply for approval for any DOAC from the HSE.
- Keele University has a decision support tool for prescribing of DOACs [here](#).
- A creatinine clearance calculator using the Cockcroft Gault formula is available [here](#).
- The American College of Cardiology has a decision support tool which also calculates creatinine clearance [here](#).
- The Summary of Product Characteristics for the drugs can be obtained on [www.medicines.ie](http://www.medicines.ie) and should be referred to for the most up-to-date information.
- Before prescribing a DOAC it is important to consider
  1. Indication for anticoagulation
  2. Duration of anticoagulation
  3. Type and dose of anticoagulation
  4. Whether a proton pump inhibitor is needed
  5. Baseline haemoglobin, renal and liver function
  6. Patient anticoagulation card and education
  7. Possible medication interactions
  8. Timing of follow-up
- A card that can be carried by patients is available at [www.DOACforAF.eu](http://www.DOACforAF.eu).
- A DOAC is preferred over warfarin (unless contra-indicated) for stroke prevention in atrial fibrillation by both European and American guidelines. DOACs are contra-indicated in valvular atrial fibrillation (patients with mechanical valves or moderate to severe mitral stenosis).
- Apixaban is considered the DOAC of choice by the HSE Medicines Management Programme.

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**TABLE 1.** *Dosing of DOAC in atrial fibrillation*

	STANDARD DOSE	REDUCED DOSE	EFFECT OF RENAL FUNCTION
<b>Apixaban</b>	5mg BD	2.5mg BD (if any two of weight <60kg, creatinine >133umol/l or age >80 years)	Contra indicated if creatine clearance <15ml/min
<b>Dabigatran</b>	150mg BD	110mg BD (consider if >80 years, >75 years with a high bleeding risk, creatinine clearance 30-50ml/min with high bleeding risk or taking verapamil)	Contra indicated if creatine clearance <30ml/min
<b>Edoxaban</b>	60mg OD	30mg OD (if weight <60kg, creatinine clearance <50ml/min, or concomitant therapy with strong P-gp inhibitor)	Contra indicated if creatine clearance <15ml/min reduced effect if creatinine clearance >95ml/min
<b>Rivaroxaban</b>	20mg OD	15mg OD (if creatinine clearance <50ml/min)	Contra indicated if creatinine clearance <15ml/min

### **What to check at follow up**

- Check for thromboembolic and bleeding events
- Assess adherence
- Check for side effects
- Check for possible drug interactions and over-the-counter medicines
- Assess correct DOAC dosing
- Decide if blood tests required
- Assess modifiable risk factors and manage as appropriate e.g. hypertension