

## **ATRIAL FIBRILLATION RELATED STROKE SHOULD BE TREATED ONLY WITH NEW ANTICOAGULANTS; NO**

**Kursad Kutluk**

*Turkey*

New anticoagulants are non-inferior to warfarin to prevent ischemic stroke and systemic embolism in patients with non-valvular Atrial Fibrillation (AF); but there is no evidence regarding the effects of these drugs for preventing stroke in AF patients associated with other conditions like valvular diseases, including prosthetic valves. Warfarin dose may be adjusted according to the target INR range in such cases, while the dosage of novel agents is unknown. The dose management based on the thrombogenic potential of underlying pathology, which means an option of individual treatment, is the most important advantage of warfarin.

There is not a monitoring method of the treatment with these new anticoagulants. Since they have short half-lives, missed doses may increase the risk of thromboembolism. There are not specific antidotes against bleeding. Once the decision is made for anticoagulation, treatment lasts lifelong, but long-term safety profiles have not been determined for any of these new agents. Patients receiving these anticoagulants cannot be treated with thrombolysis in case of acute ischemic stroke.

Warfarin will not disappear to be replaced by these new drugs and will continue to be the first choice in many cases; for example in a patient with risk of gastrointestinal bleeding. Recent clinical trials with dabigatran (higher dose) and rivaroxaban showed that both drugs had higher rates of gastrointestinal bleeding compared with warfarin. Another issue is the renal problems of the patients. Since warfarin is less dependent on kidney function, one would prefer starting warfarin in patients with low creatinine clearance (CrCl). Trials with dabigatran and rivaroxaban have excluded patients with CrCl <30ml/min.

There is no need to change the treatment of a patient who receives warfarin within the optimum range of stable INR. One of the most important advantages of warfarin is its price. This is very important in different healthcare systems and reimbursement status. Patient preferences must be taken account in decision making.