

Patient frequently asked questions

What is atrial fibrillation?	2
What are dabigatran and rivaroxaban and what are they used for?.....	2
Which is better, dabigatran or rivaroxaban?	2
For patients with atrial fibrillation, is it worth changing from warfarin?	2
Is it better for patients who are newly diagnosed with atrial fibrillation to start taking dabigatran or rivaroxaban rather than warfarin?	2
Do dabigatran or rivaroxaban cause less bleeding than warfarin?.....	3
If a patient has excessive bleeding, can the anticoagulant effect of dabigatran or rivaroxaban be reversed?	3
Are dabigatran or rivaroxaban associated with any side effects?	3
What happens if I miss a dose of dabigatran or rivaroxaban?	3
Will dabigatran or rivaroxaban interact with other medicines, food or alcohol?	4
Are regular blood tests needed to monitor dabigatran or rivaroxaban levels?.....	4
Should patients stop taking dabigatran or rivaroxaban if they are going to have a dental or medical procedure?	4

What is atrial fibrillation?

Atrial fibrillation (AF for short) is a condition that affects the heart, causing it to beat irregularly.

People with AF may be at an increased risk of blood clots because their heart does not pump blood round the body as efficiently as usual. This means they may be more likely to have a stroke, which can happen if a clot blocks an artery in the brain. Most people with AF will be offered medication known as an anticoagulant (blood thinner) to 'thin' their blood and reduce the risk of clotting.

Warfarin is an example of an anticoagulant used to prevent blood clots.

What are dabigatran and rivaroxaban and what are they used for?

Dabigatran and rivaroxaban are both new types of anticoagulants. They are used to lower the risk of blood clots developing in people who have AF and other risk factors for stroke. Dabigatran does this by interfering with a substance in the body (thrombin) that is involved in the development of blood clots. Rivaroxaban helps by stopping a substance called Factor Xa from working. Whereas these new anticoagulants work by stopping only one blood clotting substance, warfarin works by interfering with a wide range of substances.

Which is better, dabigatran or rivaroxaban?

Unfortunately dabigatran and rivaroxaban have not been directly compared in the same clinical trial, so it is not possible to say which one is better. They share some of the same advantages and disadvantages compared to warfarin, but because they work slightly differently, they also have some unique characteristics that make them better suited for different types of patients. Your doctor will prescribe dabigatran, rivaroxaban or warfarin after considering your individual needs.

For patients with atrial fibrillation, is it worth changing from warfarin?

Warfarin has been prescribed for more than 50 years so there is plenty of experience of its clinical use. Clinical trials showed that when warfarin is used well, it is probably as effective as dabigatran or rivaroxaban, and if anticoagulant control is very good (as measured by blood tests), warfarin may be better overall. For patients whose condition is well controlled on warfarin, it may not be advisable to change. For patients who have poor anticoagulant control, a switch to dabigatran or rivaroxaban might be considered.

Is it better for patients who are newly diagnosed with atrial fibrillation to start taking dabigatran or rivaroxaban rather than warfarin?

Many people do well on warfarin and it may be prescribed after considering individual bleeding risk and stroke risk factors. Dabigatran or rivaroxaban might be considered depending on your individual needs or if subsequent problems with anticoagulant control develop; for example, if it is difficult to get the full benefits of warfarin therapy, a patient has an allergy to warfarin, or has intolerable side effects from warfarin.

Do dabigatran or rivaroxaban cause less bleeding than warfarin?

As dabigatran, rivaroxaban and warfarin all affect blood clotting, patients may experience side effects such as bruising and bleeding. Rivaroxaban also caused more nose-bleeds and haematuria (blood in urine) than warfarin in a clinical trial.

Intracranial bleeding (bleeding into the brain) is worrying because it is usually very serious. In clinical trials, dabigatran and rivaroxaban both caused less intracranial bleeding than warfarin. Gastrointestinal (stomach and bowel) bleeding is also a concern as it varies widely in terms of severity and is more common. Severe gastrointestinal bleeds occurred more often with dabigatran and rivaroxaban than warfarin in clinical trials.

The risk of bleeding on dabigatran and rivaroxaban increased with increasing age in clinical trials. Your doctor will balance this increased bleeding risk with the risk of stroke, since this also increases with age.

If a patient has excessive bleeding, can the anticoagulant effect of dabigatran or rivaroxaban be reversed?

There is currently no antidote for dabigatran or rivaroxaban. However, if urgent treatment is required, dabigatran and rivaroxaban will be discontinued and supportive measures will be started. It is easier to manage major bleeding in patients on warfarin.

Are dabigatran or rivaroxaban associated with any side effects?

All anticoagulants are associated with side effects. In clinical trials, more patients stopped taking dabigatran or rivaroxaban than warfarin because of side effects. Dabigatran caused more gastrointestinal symptoms than warfarin (e.g., indigestion, stomach ache), whereas rivaroxaban caused more nose-bleeds and haematuria (blood in urine) than warfarin.

What happens if I miss a dose of dabigatran or rivaroxaban?

Your doctor will tell you what to do if you miss a dose, but do not take a double dose to make up for a missed dose.

It is important that you take your regular dose as agreed with your doctor. If you find it difficult to take your regular dose, dabigatran or rivaroxaban may not be the right solution for you. This is because the protective effect against strokes wears off quicker after taking dabigatran or rivaroxaban, than it does after taking warfarin. Warfarin stays in your system for longer, so that even if you miss a dose, you will have some protection against the risk of a stroke.

Will dabigatran or rivaroxaban interact with other medicines, food or alcohol?

Dabigatran and rivaroxaban have fewer potential interactions with other medicines compared with warfarin, and at present there are no known interactions with specific foods or alcohol. There are some medicines that dabigatran and rivaroxaban do interact with, so patients should inform their prescriber and pharmacist of the names of all medicines they are taking (including prescription and over-the-counter medicines, vitamins and herbal supplements such as St John's wort).

Are regular blood tests needed to monitor dabigatran or rivaroxaban levels?

There is no need for regular blood tests to measure the level of anticoagulant control with dabigatran or rivaroxaban. However, a blood test is needed to measure how well the kidneys are working before starting treatment with dabigatran and then at least once every year while on dabigatran treatment.

Should patients stop taking dabigatran or rivaroxaban if they are going to have a dental or medical procedure?

Patients should always tell their healthcare professional (doctor, dentist, nurse or pharmacist) that they are taking anticoagulants. Patients should not stop taking dabigatran or rivaroxaban without first talking to their doctor or dentist. Dabigatran or rivaroxaban may need to be stopped for one or more days before any planned surgery, dental or medical procedure.

References

- Healthcare Improvement Scotland (2012) The introduction of dabigatran etexilate (Pradaxa[®]). Online:
http://www.healthcareimprovementscotland.org/programmes/cardiovascular_disease/stroke_and_systemic_embolism/stroke_and_systemic_embolism.aspx (accessed 10 May 2012)
- National Institute for Health and Clinical Excellence (2012). Atrial fibrillation - dabigatran etexilate: understanding NICE guidance. Online:
<http://guidance.nice.org.uk/TA249/PublicInfo/doc/English> (Accessed: 10 May 2012)
- National Institute for Health and Clinical Excellence (2012). TA256 Atrial fibrillation (stroke prevention) - rivaroxaban: understanding NICE guidance. Online:
<http://www.nice.org.uk/nicemedia/live/13746/59294/59294.pdf> (Accessed: 24 May 2012)
- National Institute for Health and Clinical Excellence (2006). CG36 Atrial fibrillation: understanding NICE guidance. Online:
<http://guidance.nice.org.uk/CG36/PublicInfo/pdf/English> (Accessed: 10 May 2012)