

Combinação de anticoagulantes e antiplaquetários - como fazer?

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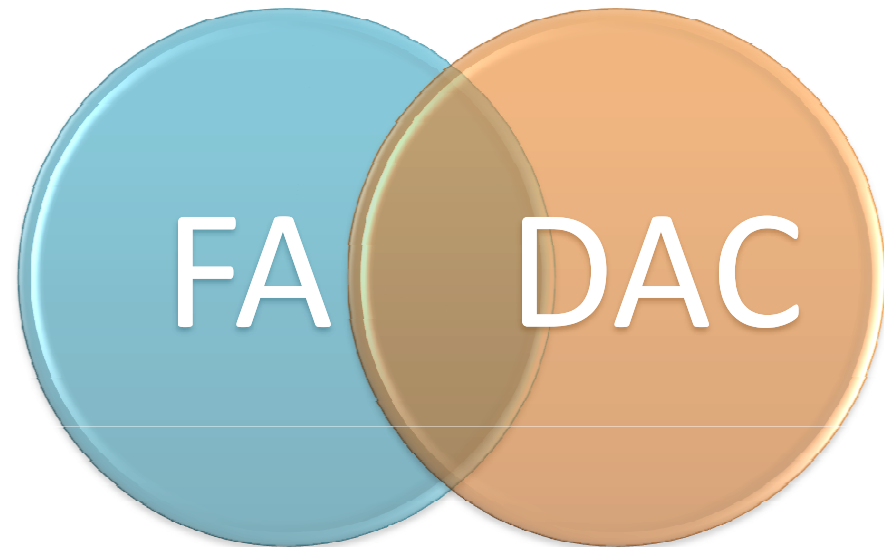
Hospital
da Bahia

Conflito de Interesses

- Não tenho para essa apresentação

Epidemiologia

- FA é ↑ ↑ comum
 - Principal indicação de ACO crônica
 - 1% em pcts < 60 anos
 - 10% em > 80 anos
 - Prevalência de DAC 30% → ATC
- SCA → 5-20% de FA



Interação entre FA e DAC

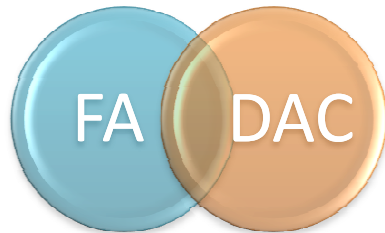
- FA → ↑3-5 x tromboembolismo (**AVCi/ES**)
 - CHA₂DS₂Vasc ≥ 1 → ACO (AVK ou DOAC)

Interação entre FA e DAC

- SCA/ATC → MACCE (IAM, Morte, Trombose de stent)
 - DAPT (AAS + IP2Y₁₂)

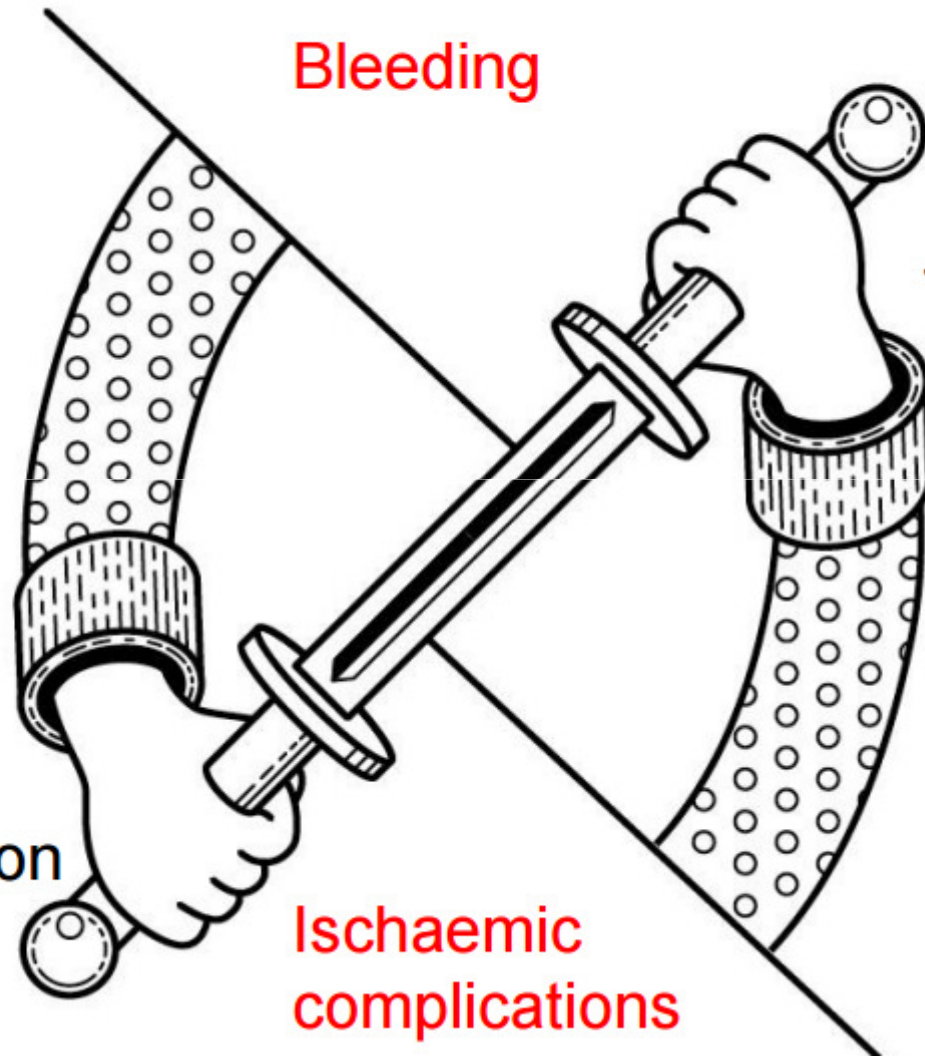
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FA + SCA/ATC → TxT (ACO + AAS + IP2Y12)

Stroke prevention



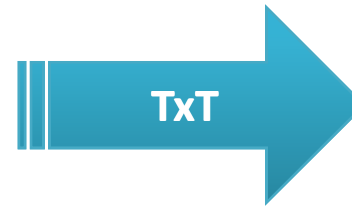
Bleeding

In stent thrombosis

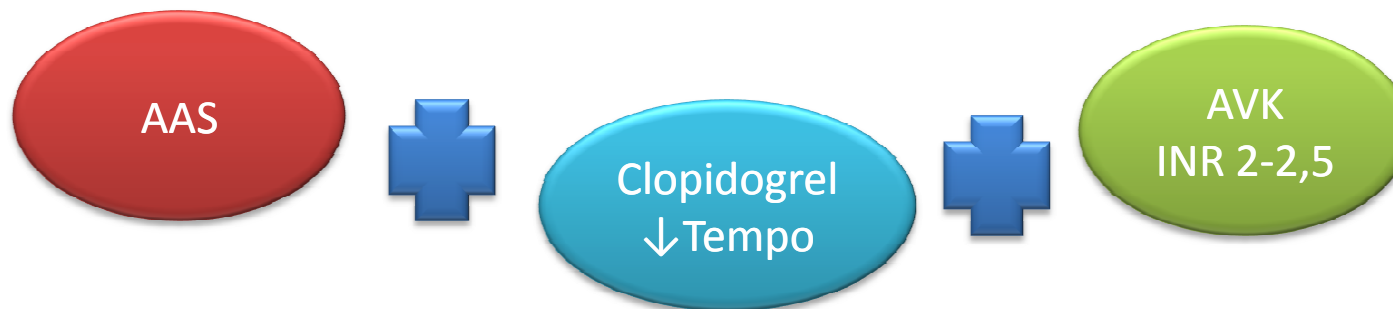
Ischaemic complications

Guidelines 2010

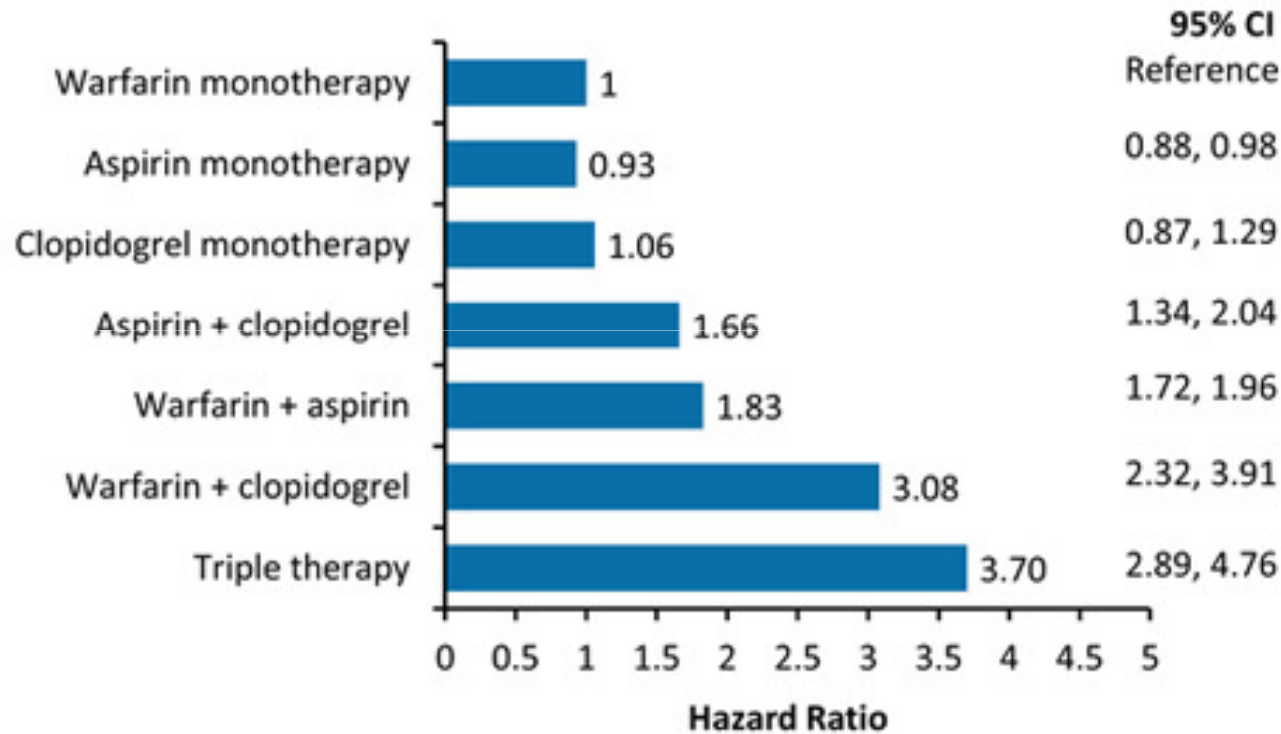
- FA com $CHADS_2 \geq 1$
- +
• SCA e/ou ATC com *stent*



↓Eventos isquêmicos
↑3,5x Sangramento



Registro Dinamarquês em pacientes com FA – Risco de Sangramento com a Tx Antitrombótica



N = 82,854 patients who survived hospitalization had ≥ 1 prescription at discharge

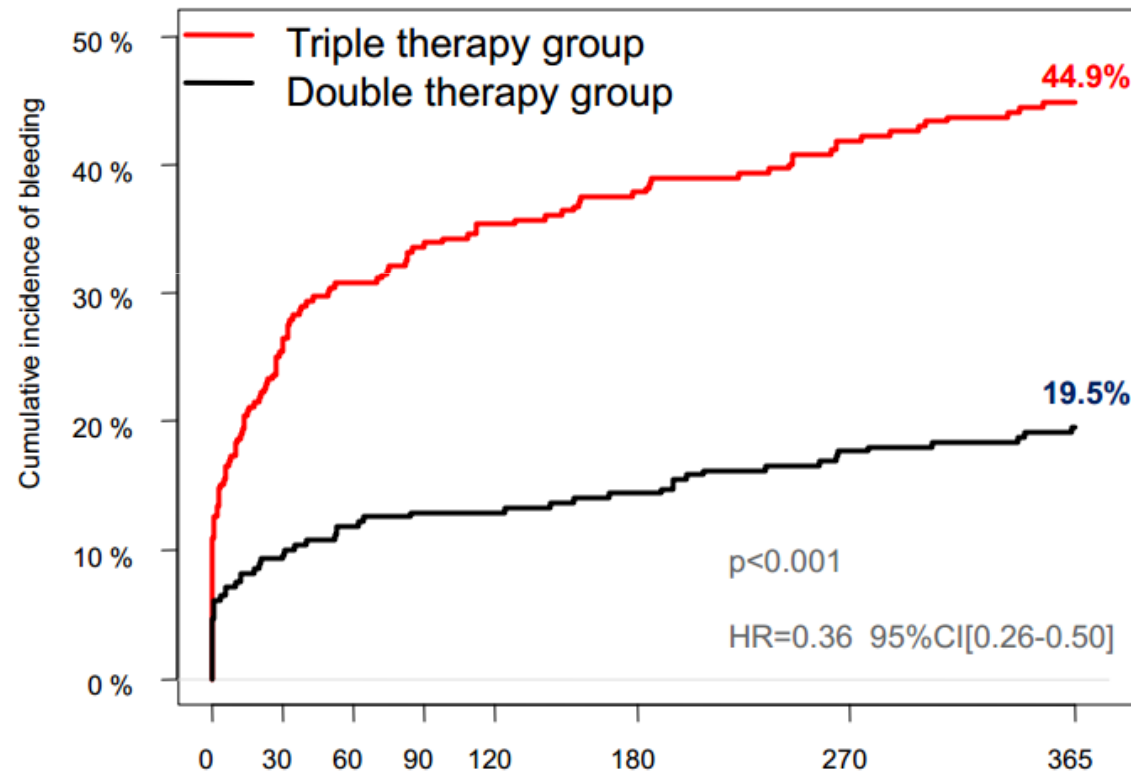
Hansen ML, et al. *Arch Intern Med.* 2010;170:1433-1441.

Alternativas a TxT

- ✓ (1) Retirar o AAS (C + AVK);
- ✓ (2) Reduzir o tempo de DAPT (AAS + C por 1m/3 m/6m + AVK);
- ✓ (3) Trocar AVK por DOAC (AAS + C + DOAC);
- ✓ (4) DOAC + AP único (DOAC + C/AAS);
- ✓ (5) Trocar o clopidogrel por NAP (AAS + IP2Y12 + AVK?DOAC)...

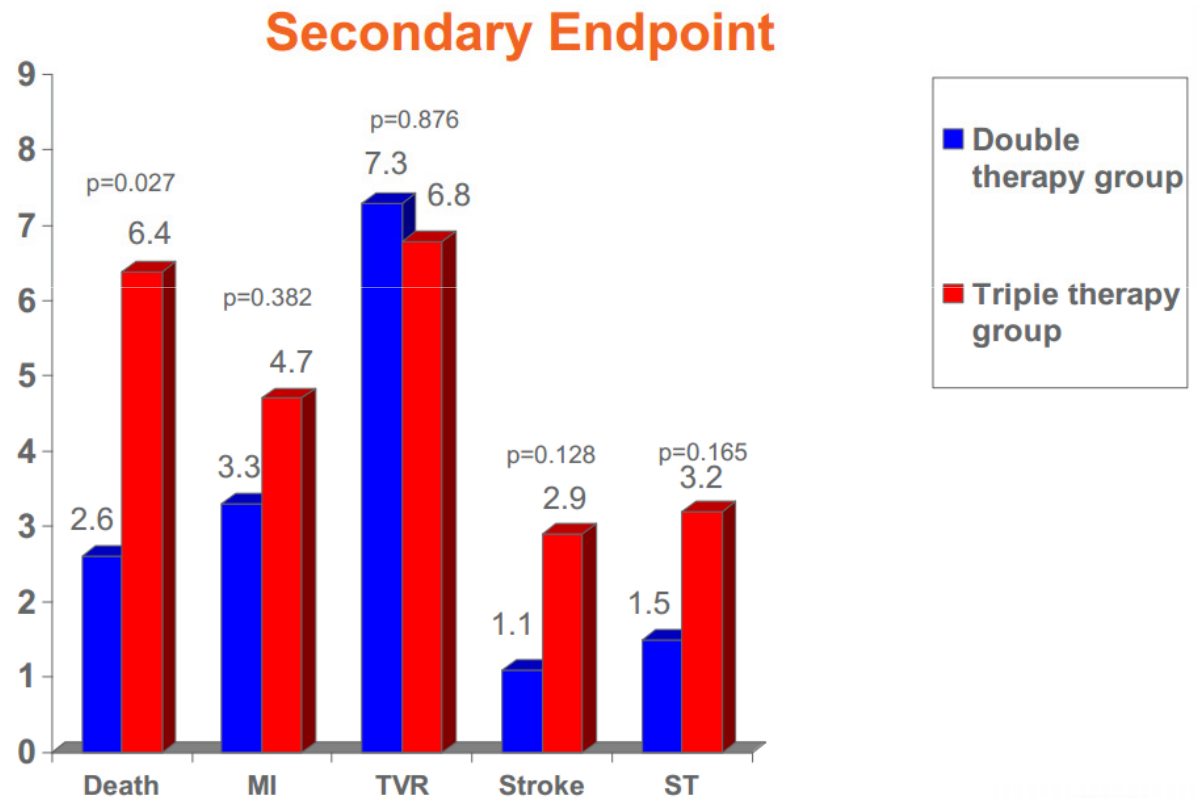
WOEST

- ✓ ECR, Multicêntrico, Randomizado, Aberto
- ✓ 573 pcts
- ✓ Em uso de ACO e ATC
- ✓ TTT vs Clopidogrel + AVK
- ✓ Objetivo I: qualquer sangramento



WOEST

- ✓ ECR, Multicêntrico, Randomizado, Aberto
- ✓ 573 pcts
- ✓ Em uso de ACO e ATC
- ✓ TTT vs Clopidogrel + AVK
- ✓ Objetivo II: Morte, IAM, AVC, TVR, TS

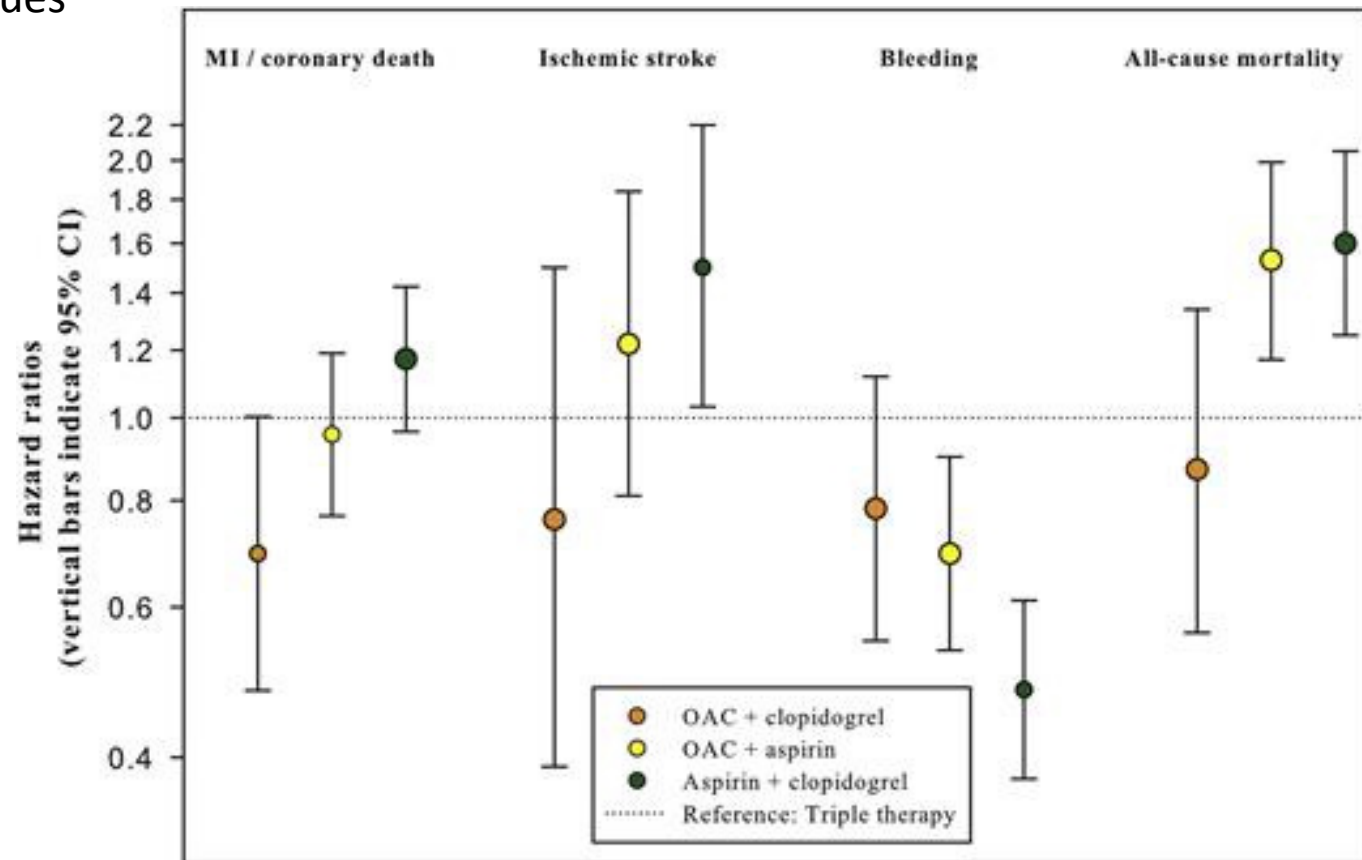


Oral Anticoagulation and Antiplatelets in Atrial Fibrillation Patients After Myocardial Infarction and Coronary Intervention

➤ Registro Dinamarquês

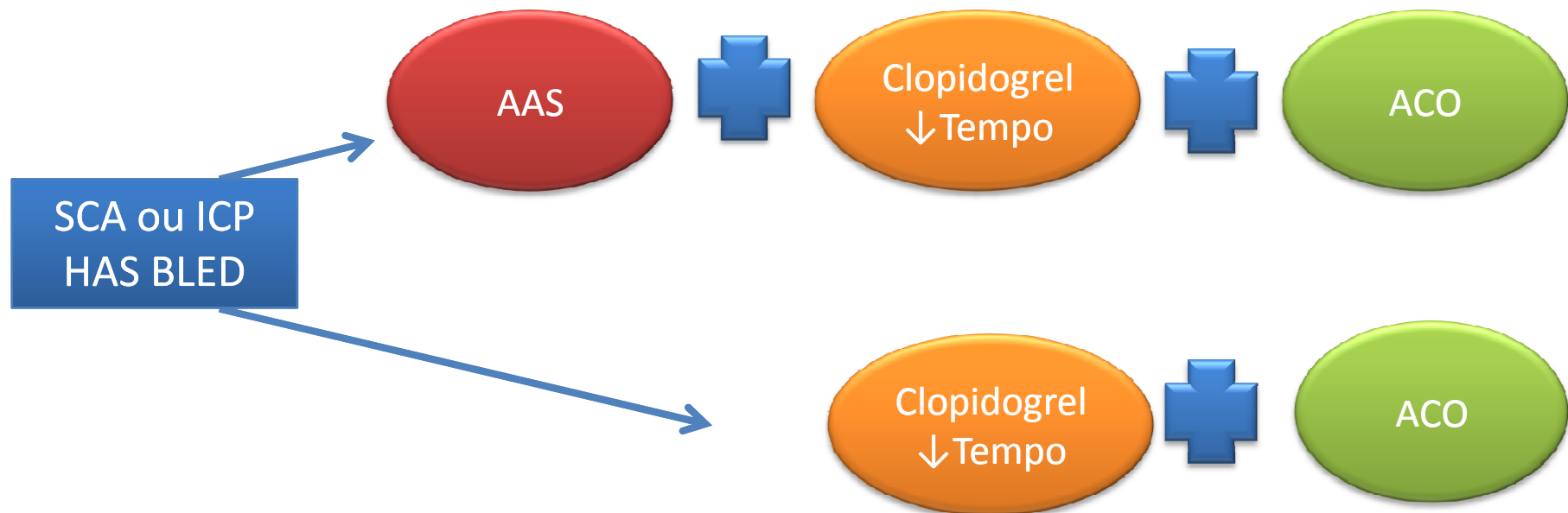
➤ 12,165 pts;

➤ FA +IAM e/ou ATC

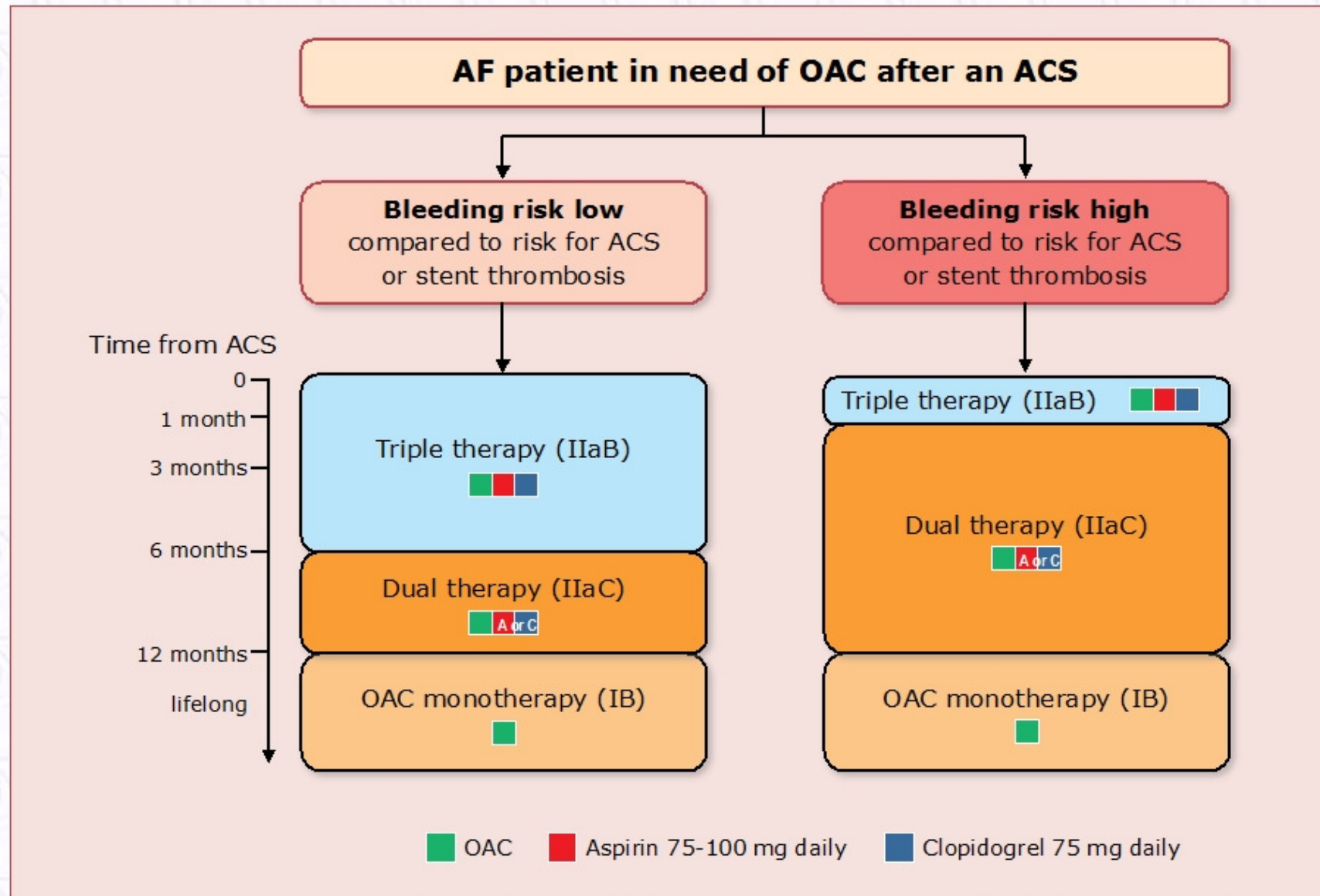


Guidelines ESC 2016

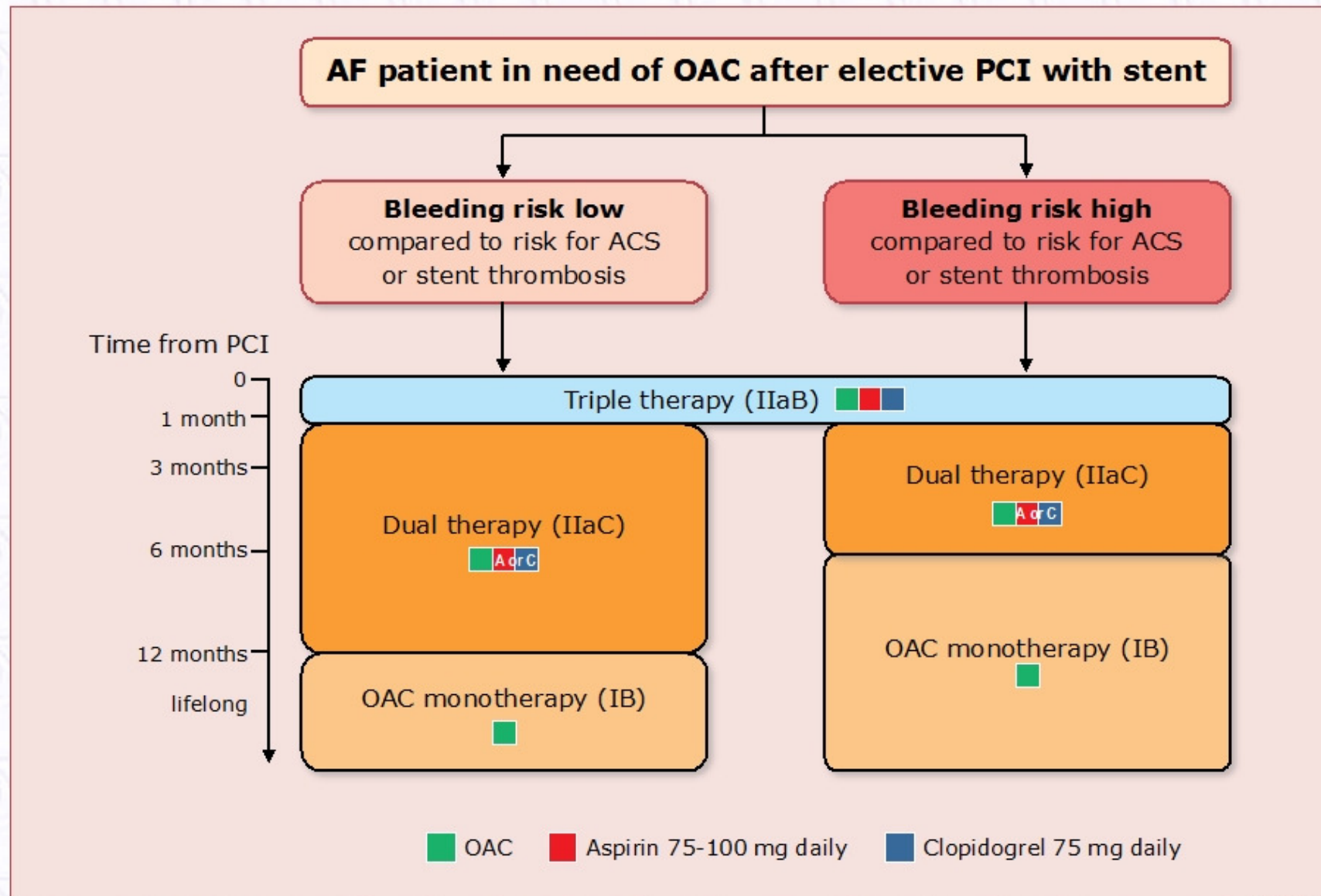
- FA com $CHA_2DS_2Vasc \geq 2$ / ≥ 3
- +
- SCA e/ou ATC com *stent*



Antithrombotic therapy after an acute coronary syndrome in atrial fibrillation patients requiring anticoagulation



Antithrombotic therapy after elective percutaneous intervention in atrial fibrillation patients requiring anticoagulation



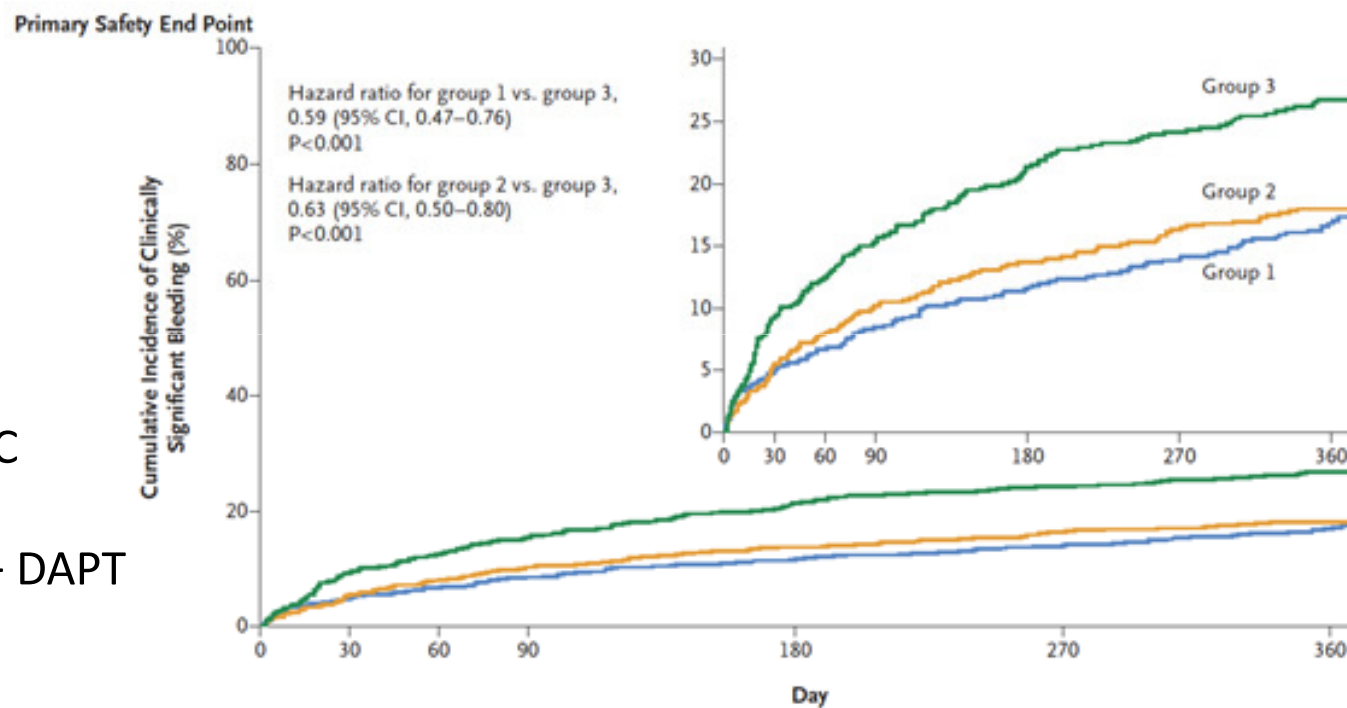
Diretrizes ESC e ACC/AHA

Guideline	Recommendation
ACC/AHA and ESC	Shorten the duration of TOAT as much as possible followed by the use of oral anticoagulant and a single antiplatelet agent
ACC/AHA	Recommended TOAT: warfarin + aspirin + clopidogrel
ESC	Recommended TOAT: warfarin or the lowest dose of DOAC (dabigatran 110 mg BID, rivaroxaban 15 mg daily, apixaban 2.5mg BID) + aspirin + clopidogrel
ACC/AHA and ESC	Control INR levels between 2.0 and 2.5 in AF patients receiving warfarin along with DAP
ACC/AHA and ESC	Recommend against the use of novel antiplatelets in TOAT

DOACS na TxT

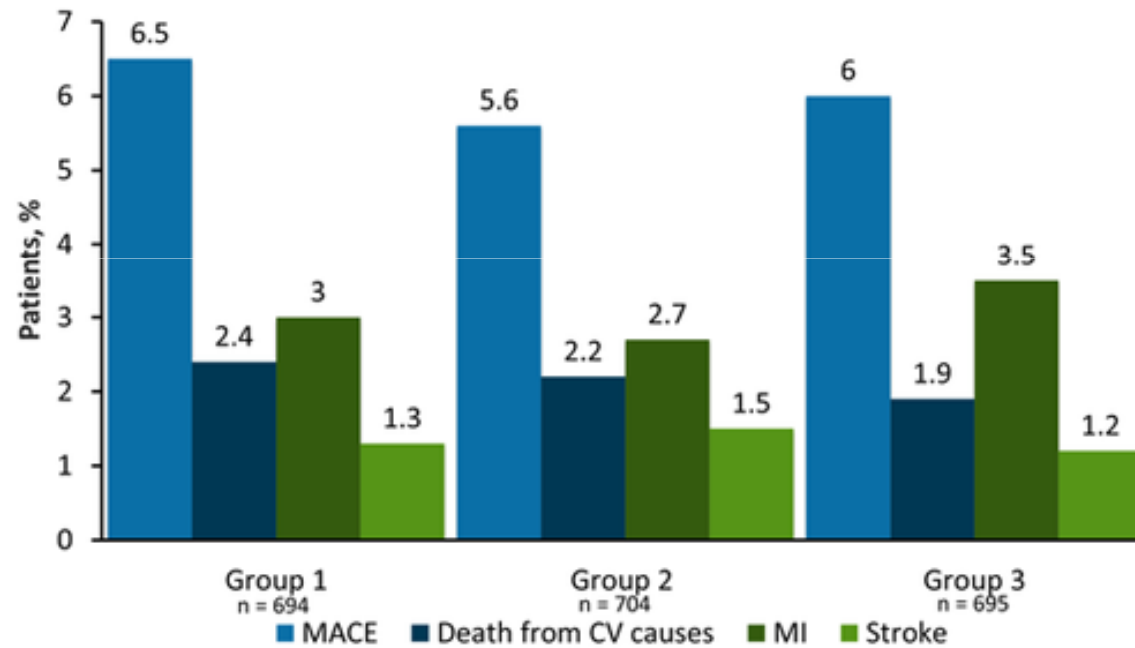
PIONEER-AF PCI

- ECR, open
- 2124pcts
- FAC + ATC
- ✓ Riva 15mg + C
- ✓ Riva 2,5 bid + DAPT
- ✓ AVK + DAPT
- EP I: Sangramento CS



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- ECR, open
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AUGUSTUS

- FA + SCA OU ATC
- APIXABANA 5 BID + CLO/TICA + AAS/PLACEBO
- AVK + CLO/TICA + AAS/PLACEBO

RE-DUAL PCI

- FA + ATC
- DABIGATRANA 110/150 + CLO/TICA
- AVK + CLOPI/TICA + AAS