BÖLÜM 30

DİREKT ORAL ANTİKOAGÜLANLAR

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GİRİŞ

Oral antikoagülasyon (OAK) seçenekleri, tromboembolik hastalığın önlenmesi ve yönetimi için daha fazla sayıda ajan ile istikrarlı bir şekilde genişlemektedir. Heparinler ve K vitamini antagonistlerine (VKA) ek olarak, trombin ve faktör Xa(FXa)'nın enzimatik aktivitesini doğrudan hedef alan antikoagülanlar geliştirilmiştir. Bu ajanların uygun kullanımı, bireysel özelliklerin, ilaçların riskleri ve faydaları hakkında bilgi sahibi olmayı gerektirir.[1] Direkt Oral antikoagülan (DOAK) ajanlar arasında dabigatran, rivaroksaban, apiksaban ve edoksaban bulunur. Dabigatran, trombinin direkt inhibitörüdür. Rivaroksaban, apiksaban ve edoksaban ise FXa inhibitörleridir.[2] Trombin ve FXa, pıhtılaşmadaki önemli rolleri nedeniyle antikoagülan tedavinin hedefleridir. Trombin, fibrinojenin fibrine dönüşümü ile pıhtılaşma kaskadındaki son adımı katalize eder. Feedback mekanizmalarıyla kendi üretimini güçlendirir ve güçlü bir trombosit aktivatörüdür. Faktör Xa, faktör Va ile birlikte protrombinin trombine aktivasyonuna aracılık eder.[3] Heparin ve varfarinin her ikisi de nispeten dar bir terapötik pencereye ve çeşitli faktörlere bağlı olan daha değişken doz-yanıt ilişkisine sahiptir; bu özellikler, terapötik doz aralığını optimize etmek ve kanamayı önlemek için pıhtılaşma sürelerinin sık izlenmesi gerekliliğine yol açar. Doz, farklı biyoyararlanım, diyet ve hastalıklardan etkilenebilir. Buna karşılık, DOAK'lar genellikle ilaç seviyelerinin veya pıhtılaşma sürelerinin izlenmesine gerek olmadan kullanılabilir.[4,5] Klinik çalışmalar, VKA'dan farklı olarak DOAK'ların laboratuvar testlerine dayalı doz ayarlaması yapılmadan uygulandığında etkili ve güvenli olduğunu göstermiştir.[6]

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Bu hastalar için 48 saat ve üzerinde AF'de olan hastalar gibi değerlendirilerek hareket edilmelidir. Bu özelliklere uymayan düşük riskli hastalar için direkt kardiyoversiyon yapılabilir.

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