Homorrhage Management and Antidote of NOAC

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Abstract

Atrial fibrillation is an increasingly prevalent disease with increasing age. As the atrial fibrillation lasts for a long time, the increase of thrombotic evetns and cardiovascular disease has the most important clinical significance. To prevent this, the prescription of anticoagulants is a class I recommendation in the guideline of AHA and ESC. The most important guideline for the prescription of anticoagulants is $CHA_2DS_2VAS_c$ score, if the score is more than 2 points, anticoagulation is recommended. However, as the $CHA_2DS_2VAS_c$ score increases, it also increases the risk of bleeding. Among them, cerebral hemorrhage was the most frightful side effect of prescribing anticoagulants. The most important change, since the introduction of NOAC (Non-Vitamin K antagonist) on the market, was that bleeding risk by the prescription of anticoagulants was reduced. NOAC was able to reduce the bleeding risk compared to conventional warfarin, as well as the risk of cerebral hemorrhage. However, the biggest disadvantage of using NOAC is that there is no antidote at the time of bleeding. Recently, idarucizumab, an antidote of Dabigatran, has been commercialized and the choice of using NOAC has been expanded.

We will review the appropriate treatment of bleeding caused by anticoagulation therapy in patients with atrial fibrillation and examine the appropriate drug selection related to the use of antidote.