NOAC is More Effective in Asian AF Patients?
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Boyoung Joung, MD, PhD

Department of Cardiology

Yonsei Unviersity, Severance Hospital, Seoul, Korea

Atrial fibrillation (AF) has become a major health burden in Asia. Despite a lower point prevalence of AF in Asian communities and Asian countries than in other populations, individuals of Asian ethnicity are at a disproportionately high risk of stroke and have greater consequent mortality. Anticoagulation is the most-important intervention to prevent stroke in patients with atrial fibrillation (AF). Warfarin and other vitamin K antagonists are conventionally used for anticoagulation, and demonstrably reduce the risk of stroke and all-cause mortality in patients with AF. The use of warfarin in Asian countries is suboptimal, primarily owing to the universal challenge of achieving controlled anticoagulation with an unpredictable drug as well as concerns about the particularly high-risk of haemorrhage in Asian patients. Instead, antiplatelet therapy has been favoured in Asian communities, this strategy is neither safe nor effective for stroke prevention in these individuals. Warfarin is effective for the prevention of stroke in Asians, but is very difficult to use. Warfarin-induced bleeding events are more common in Asians. Four major clinical trials have been performed to test non-vitamin K antagonist oral anticoagulants (NOACs) vs. warfarin in the stroke prevention in AF. Warfarin produced higher risk of major bleeding and intra-cranial haemorrhage in Asians compared with those in non-Asians, even though anticoagulation intensity was lower in Asians. All these trials consistently demonstrated that NOACs were superior or non-inferior to warfarin. The benefits of NOACs were especially robust in Asians. However, there is several concerns that NOACs are preferred medications in the stroke prevention for AF in Asians. The optimal dosage of NOAC, the choice of NOAC in patients with specific conditions or high bleeding risk and critically ill patients should be resolved.