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Atrial Fibrillation and Stroke – Novel Oral Anticoagulants (NOACS) as a therapeutic option.

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Introduction Atrial fibrillation is a known risk factor for stroke. Stroke results in morbidity and mortality which can be prevented by optimal anticoagulation of patients with atrial fibrillation. It is well known that maintaining optimal anticoagulation with Vitamin K antagonist (VKAs) (warfarin) is challenging and is the only anticoagulant available at the Teaching Hospital Jaffna.

Objectives To study the demographic data; maintenance of optimal anticoagulation amongst stroke patients with atrial fibrillation who are currently on warfarin and use the SAMeTT2R2 score to determine which patient will benefit from the use of novel oral anticoagulants (NOVACS) as the treatment option over VKAs.

Methodology This is a descriptive, retrospective case-based study carried out at the anticoagulation clinic at Teaching Hospital Jaffna for a period of 1 month (May 2020). Data of 136 patients with atrial fibrillation were studied and a sub-analysis of patient with stroke at presentation and those who developed stroke as a complication of atrial fibrillation or anticoagulation were studied in detail. Variables included age, gender, optimal anticoagulation, stroke as complication of atrial fibrillation or anticoagulation, and the SAMeTT2R2 value.

Results Of the 136 patients with atrial fibrillation all were anticoagulated with VKAs. Sixteen (11.8%) patients had either with stroke (9) or a transient ischaemic attack (7). Six patients (4.4%) developed stroke (ischaemic stroke) as a complication during follow up.

Their mean age was 55(+/-11.9) years with an age range from 32 years to 74 years; 11(68.8%) were females; 15(93.8%) had valvular heart disease; 1(6.3%) had only atrial fibrillation; 13(81.3) had labile INR. SAMeTT2R2 was calculated for all 16 patients, and all had a score of >2.

Of the 6 patients who developed stroke as a complication median age was 56(+/- 8.11) years, 5(83.3%) were females; 6(100%) had valvular heart disease; 4(66.7%) had labile INR and all 6 patients had a SAMeTT2R2 of > 2.

Conclusion Labile INR was the commonest cause in patients who presented with stroke and those who developed stroke as a complication. All had a SAMeTT2R2 score of > 2 which indicates that Novel Oral Anticoagulants (NOVACS) should be considered as a first line therapy for patients with stroke and no other contraindications.