

**NEW INSIGHT AND RESULTS FROM RE-LY TRIAL AND NEW
TREATMENT GUIDELINES FOR ANTICOAGULATION IN
SPAF : THE FUTURE IS NOW**

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For more than 5 decades, warfarin has been the best, and pretty much only, oral anticoagulant for stroke prevention in atrial fibrillation (AF). Managing patients who require chronic anticoagulation is a cumbersome task, and until a few years ago, warfarin, a vitamin K antagonist, has been the only available oral anticoagulant. Warfarin treatment requires regular monitoring with prothrombin time testing, and, since it has multiple interactions with food and drugs, frequent dose adjustments are necessary. Despite regular monitoring by either patient self-management or hospital-based anticoagulation clinics, patients fall outside the desired therapeutic range about one-third of the time.

Dabigatran is going to be one of very important drugs in stroke patients with atrial fibrillation. Dabigatran will replace warfarin in a number of patients, because of its ease of use and lower rates of intracranial hemorrhage. Unlike warfarin, dabigatran, an oral reversible direct thrombin inhibitor, can be taken as a fixed daily dose regardless of age, sex, or body mass index. Only for patients with renal failure does the dose need to be adapted.

A large, open label, randomized trial, The RE-LY trial, addressed the efficacy of dabigatran versus warfarin to prevent stroke or systemic embolism in moderate- to high-risk patients with atrial fibrillation. Dabigatran dosed at 110 mg twice daily is equivalent to warfarin in efficacy but is associated with lower rates of major hemorrhage (2.7 % vs. 3.4 % per year), while dosing at 150 mg twice daily has a reduced stroke and systemic embolism rate (1.1 percent vs. 1.7 percent), with similar major hemorrhage rates. The FDA has approved dabigatran for this indication. Based on this corner stone trial, several reputable societies like, ESC, Canadian Cardiovascular Society, ACCF/AHA/HRS, had published new guidelines focus on the use of oral anticoagulant for thromboprophylaxis and recommended the use of Dabigatran as a class I (Level of evidence B) indication for stroke prevention in atrial fibrillation.