Nedostatci terapijske primjene varfarina u fibrilaciji atrijske – prikaz rezultata Kliničke bolnice Merkur

Disadvantages of warfarin in atrial fibrillation: University Hospital Merkur – results

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Fibrilacija atrijske (FA) je najučestalija srčana aritmija koja se prvenstveno razvija na bolesnom, strukturno promijenjenom srcu. Incidencija u općoj populaciji iznosi između 1-2%, a doseže 5-15% u populaciji iznad 80 godina.¹ FA povećava smrtni ishod 2 puta, rizik tromboembolijskih incidenata (TEI) 5 puta, isti su opasniji po život, s većim posljedicama po preživjele. Uz komorbiditete dolazi do povećanja rizika TEI, radi čega je nužna optimalna oralna antikoagulantna terapija (OAK), nakon procjene rizika prema CHADS2 score-u, shodno čemu je apsolutna indikacija za uvođenje OAK 2 boda, a relativna 1 bod. Prema nizu studija dokazano je da varfarin u propisanoj koncentraciji u odnosu na placebo smanjuje rizik TEI za 64%, a učestalost smrtnog ishoda za 26%.² Problem je optimalna regulacija INR-a, gdje se referirajući na studije, u sklopu kojih su vršene redovite kontrole, uz redovite modifikacije doze varfarina, postigao propisani INR u 64% do 66% vremena.³

Tijekom 2011. godine sa Zavoda za kardiologiju Kliničke bolnice Merkur otpušteno je 249 bolesnika s dijagnozom fibrilacije atrijske, 160 (64%) je imalo apsolutnu indikaciju za uvođenje OAK, 76 (31%) je imalo relativnu indikaciju za uvođenje OAK, a 13 bolesnika (5%) je bilo bez indikacije. Po dolasku na Zavod OAK je bila uvedena samo 81 bolesniku (51%) s apsolutnom indikacijom od kojih je samo 12 bolesnika (15%) imalo INR u terapijskom području. U dobi iznad 75 godina bilo je 129 bolesnika (52%) od kojih je 109 (84%) imalo apsolutnu indikaciju za uvođenje OAK, samo 37 bolesnika (34%) je primalo OAK, dok je samo 6 bolesnika (5%) imalo zadovoljavajuće vrijednosti INR.

Ovim prikazom želimo istaknuti važnost OAK profilakse u FA te neučinkovitost varfarina u postizanju terapijskog učinka, koji se očituje optimalnom vrijednošću INR. Skrećemo pozornost na novije OAK koji se primjenjuju u fiksnoj dozi i ne zahtijevaju kontrolu koagulacijskih parametara za potpuni profilaktički učinak.

Atrial fibrillation (AF) is the most common cardiac arrhythmia which develops especially in the sick, structurally remodeled heart. The incidence in the general population is between 1-2%, and it rises to 5-15% in the population over 80 years.¹ FA increases mortality 2 times, the risk of thromboembolic incidents (TEI) 5 times, which are life threatening, with greater consequences for survivors. Comorbidities lead to increased risk of TEI, so it is necessary to reach optimal oral anticoagulant therapy (OAC) after a risk assessment according to CHADS2 score, according to which, absolute indication for OAC is 2 points and relative is 1 point. Many studies have shown that warfarin in its prescribed concentration compared to placebo reduces the TEI risk by 64%, and the incidence of death by 26%.² The problem is how to reach optimal control of INR, referring to studies in which it was regularly controlled, with regular modifications of warfarin dose, prescribed INR was achieved in 64% to 66% of time.³

During 2011, the Department of Cardiology, University Hospital Merkur discharged 249 patients with AF, 160 (64%) had an absolute indication for the OAC, 76 (31%) had a relative indication for the OAC, and 13 patients (5%) had no indication. On admission to Department of Cardiology OAC was given to only 81 patients (51%) with an absolute indication of which only 12 patients (15%) had INR in the therapeutic range. At the age above 75 years was 129 patients (52%) of whom 109 (84%) had an absolute indication for the introduction of OAC, and only 37 patients (34%) were receiving OAC, while only 6 patients (5%) had sufficient INR.

In this review, we want to emphasize the importance OAC prophylaxis in AF and inefficiency of warfarin in achieving a therapeutic goal, which is expressed by optimal INR. We draw attention to the new OAC applied in a fixed dose which does not require control of the coagulation parameters for a full prophylactic effect.

LITERATURE

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