

5TH UMBRELLA

FOCUSED CARDIOLOGY FORUMS

THE ART OF
**ANTITHROMBOTIC
THERAPY**

IN DAILY CARDIOVASCULAR PRACTICE

3rd panel

Antithrombotic therapy in AF

Panelist Experts

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Panel Moderator

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Learning Objectives

- When to use the CHADS-VASC score for deciding on OAC in AF?
Which AF patients are candidates for OAC regardless of score?
- How to decide on OAC based on CHADS-VASC score?
Focus on score 1 and the significance of female gender.
- Role of antiplatelet therapy in AF patients not eligible for OAC.
- Significance of the temporal pattern of clinical AF
(paroxysmal/persistent/permanent) in OAC decisions.

Learning Objectives

- Definition of subclinical AF and indications for OAC in this setting.
- The art of choosing between VKA and DOAC and selecting a DOAC within the class.
- Dose adjustments, relative and absolute contraindications for warfarin and DOACs.
- Indications for switching from VKA to DOAC, vice versa, or between DOACs.
- Recommendations for percutaneous or surgical LAA occlusion as a replacement or adjunct to long-term OAC.

Learning Objectives (cont.)

- How to assess bleeding risk in AF patients and its significance in OAC decisions.
- Management of OAC-related bleeding in AF patients.
- Role of OAC in patients with CAD (number of antithrombotics, duration of each regimen, agent, and dose of OAC).
- Rules and considerations for AF patients on OAC undergoing surgery (when to hold, how long to hold, and when to resume).

Case Vignette 1:

- You are seeing a 61-year-old gentleman at your office for a second opinion. He suffered one episode of palpitations two days ago, which was diagnosed as atrial fibrillation in the ED and resolved spontaneously after two hours.
- His past medical history (PMH) includes:
 - PCI in the LCx 8 months ago for chronic coronary syndrome, following a positive high-risk MPI.
 - Otherwise, his PMH is unremarkable.

Case Vignette 1 (cont.) :

- Current medications (DH):
 - Aspirin 81 mg daily
 - Clopidogrel 75 mg daily
 - Rosuvastatin 80 mg daily
- Physical examination: Unremarkable.
- ECG: Normal sinus rhythm, no blocks, no specific ST/T changes.
- TTE: Normal EF, no major valvular heart disease, normal chamber size.
- Lab tests: Including TFTs and electrolytes, all normal.

Question Case 1:

Beyond deciding on rhythm management, what is your recommendation regarding anticoagulation for the prevention of systemic thromboembolism?

Case Vignette 2:

- You are seeing a 75-year-old lady with a consultation letter from her surgeon regarding preoperative assessment before breast surgery for newly diagnosed breast cancer, as she is on oral anticoagulation.
- Past Medical History (PMH):
 - Hypertension
 - Paroxysmal atrial fibrillation (AF)
 - End-stage renal disease (ESRD) on hemodialysis
 - Otherwise, unremarkable

Case Vignette 2 (cont.) :

- She is asymptomatic from a cardiovascular standpoint.
- Cardiovascular medications (DH):
 - Apixaban 5 mg BID
 - Telmisartan 80 mg daily
- Physical examination: Unremarkable
- Weight: 71 kg
- ECG: Normal sinus rhythm, no major abnormalities

Case Vignette 2 (cont.) :

- TTE:
 - LVEF: 55%
 - Moderate aortic insufficiency
 - Moderate mitral regurgitation of rheumatic etiology, stable over previous years
- Recent lab tests:
 - CBC, TFTs, and electrolytes: Normal
 - Creatinine: 5.2 mg/dL

Question Case 2:

What is your recommendation regarding her OAC choice, dosing, and perioperative management?

PANEL DISCUSSION

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