Tratamiento antitrombótico

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TROMBOPROFILAXIS EN PATOLOGÍAS NO QUIRÚRGICAS

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La enfermedad tromboembólica venosa (ETV) en pacientes inmovilizados por causa no quirúrgica no solamente es más frecuente que tras una intervención quirúrgica, sino que también es más grave. En un artículo de nuestro grupo demostramos que la incidencia de hemorragias graves (3 veces más frecuentes), la muerte por hemorragia (9 veces más) y la muerte por embolia pulmonar (4 veces más) son más frecuentes en los pacientes médicos con ETV que en los quirúrgicos. Por ello es especialmente importante la administración de una correcta profilaxis en los pacientes inmovilizados por una enfermedad no quirúrgica.

Revisamos la experiencia del registro RIETE y encontramos 7.200 pacientes que desarrollaron una ETV tras una inmovilización de causa no quirúrgica, de un total de 30.327 pacientes. Un 47% de los casos se presentó como embolia pulmonar y la mortalidad a los 3 meses fue del 14%. Las causas más frecuentes de inmovilización fueron los traumatismos y la demencia (con un 35% de los casos entre ambos). La mitad de los pacientes sufrió la inmovilización en su domicilio, y solamente un 24% recibió tromboprofilaxis.

THE NEW PHARMACEUTICAL ANTITHROMBOTIC AGENTS (ANTIPLATELET AND/OR ANTICOAGULANTS)

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Antiplatelet and/or anticoagulants are essential in the prevention and treatment of venous and arterial thrombosis. Platelets play a major role in atherothrombosis.

New antiplatelet agents

Novel antiplatelet agents include mainly: already licensed intravenous prasugrel, ticagrelor orally active, intravenous cangrelor and elinogrel both active orally and intravenously. Prasugrel or Efient® is more potent with a more rapid onset and a much less interindividual variability of response than clopidogrel. Its therapeutic superiority is associated with a higher rate of bleeding in the TRITON trial (patients undergoing coronary interventions). Ticagrelor is a new ADP platelet receptor antagonist with a rapid onset, which was superior to clopidogrel in the PLATO study without an increase in the rates of major bleeding. It is the first antiplatelet agent which reduced total mortality.

Platelet thrombin receptors antagonists (PAR-1) is a new class of oral antiplatelet agents in development in patients with atherothrombosis with an expected reduced bleeding potential compared to the currently licensed antiplatelet agents. Finally, some clinical studies are evaluating the triple association of two antiplatelet agents, aspirin, clopidogrel, and one new anti-Xa or anti-IIa orally active anticoagulant in patients with atrial fibrillation and coronary stent(s).

New anticoagulant agents

Several newer anticoagulants are under clinical development. Recently two of them, Dabigatran etexilate/Pradaxa®, and Rivaroxaban/Xarelto® have been licensed in Europe and Canada for the prevention of thromboembolic events following major orthopedic surgery such as total hip and knee replacement. Apixaban, edoxaban and YM150 are three other direct reversible inhibitors of FXa, which are in clinical development. Ongoing Phase II and III clinical trials assess their efficacy in the secondary prevention and treatment of deep vein thrombosis and pulmonary embolism, and in the long term prevention of stroke in patients with non-valvular atrial fibrillation and in combination with aspirin and clopidogrel in patients with acute coronary syndromes. The RE-LY study has shown a superiority of dabigatran over vitamin K antagonists in patients with atrial fibrillation. A small increase in the rate of acute myocardial infarction in the group receiving dabigatran is difficult to interpret. Positive results in the treatment and in the secondary prevention of venous thromboembolic episodes have been obtained in phase III trials conducted with the new anticoagulant agents (EINSTEIN DVT with rivaroxaban positive results presented at ESC last September). Several other anti-thrombotic molecules including semuloparin, an ultra low molecular weight heparin, are currently in different stages of clinical development. In addition to being administered orally for several of them, the newer anticoagulant agents have a more balanced...
benefit/risk ratio and a wider therapeutic window. They have a rapid onset of action, a predictable anticoagulant effect that does not require routine laboratory monitoring. However, their influence on clotting tests has been well documented and should not be ignored. They have minor food and drug interactions. They are highly specific and targeted to a single coagulation factor, and could carry similar or less hemorrhagic risks compared to the older anticoagulant agents. Finally, they may be used in a broader variety of patients, especially the acutely ill medical patients, and the elderly at risk of thrombosis without any dosage adjustment, regardless of the patient age, gender, body weight, or in patients with mild renal impairment.

The use of these new drugs in the general world will hopefully confirm the promising results of clinical trials.

References