

Kombinationsbehandling

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Flerstof-antitrombotisk behandling

Mange kombinationsmuligheder
Acetylsalicylsyre

Warfarin
Phenprocoumon
Rivaroxaban
Apixaban
Edoxaban

Clopidogrel
Prasugrel
Ticagrelor

Flerstof-antitrombotisk behandling

- "DAPT" = *dual antiplatelet treatment*
- "Triple terapi" = OAC + ASA + ADP-hæmmer
- TT oftest = warfarin + ASA + clopidogrel

Indikationer for flerstof-antitrombotisk beh.

DAPT bl.a. indiceret ved:

- Akut koronart syndrom +/- PCI.
- Elektiv PCI.
- (Evt apopleksi: ASA/dipyridamol eller evt ASA/clopidogrel – oftest dog: clop. monoterapi)

TT bl.a. indiceret ved:

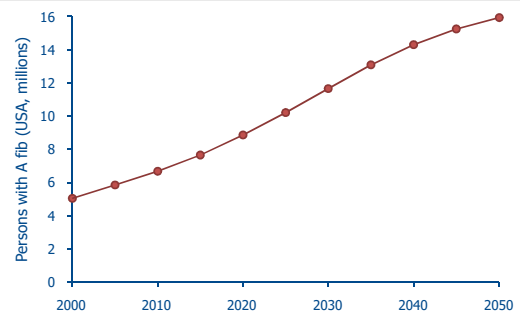
- Akut koronart syndrom og/eller PCI hos patient med indikation for AK-beh., fx mekanisk hjerteklap eller atrieflimren.

Kan vi droppe magnyl ?



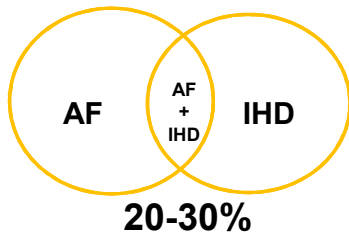
Grove & Storey, Lancet 2009

Flere og flere ptt med AFLI...



Miyasaka Y et al. Circulation 2006.

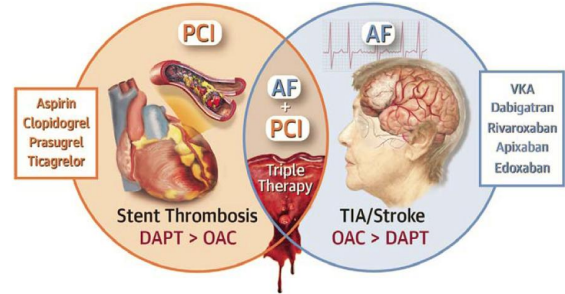
Mange ptt har både AFLI og IHD



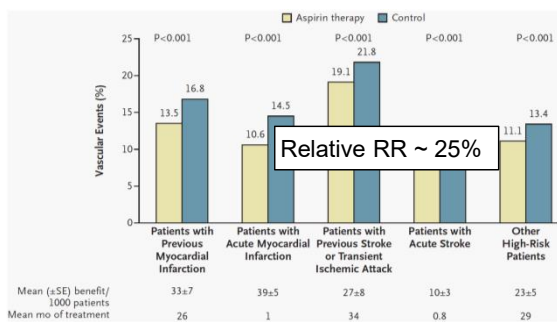
Coexistence of AF and IHD increases the risk of CV events*.

*Bang et al. JAMA 2014.

Udfordring: at finde den bedste beh. mhp at undgå både ST, stroke og blødning!

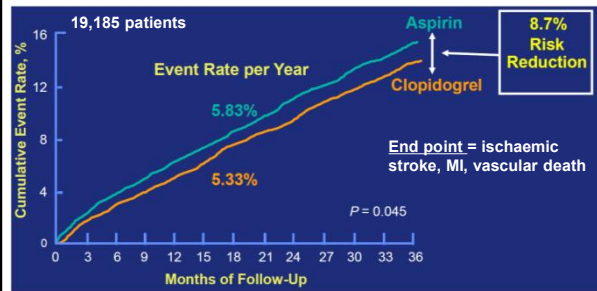


Effekten af magnyl på vaskulære events (nonfatalt MI, stroke, vaskulær død)



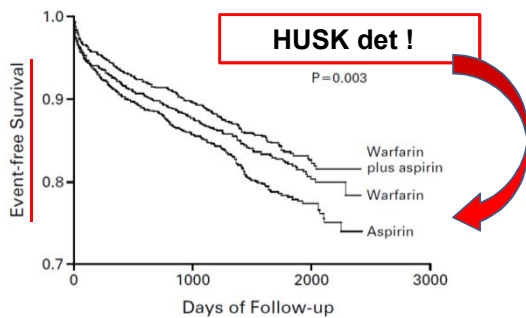
Patrono et al. NEJM 2005.

Magnyl til ptt med: Vaskulær sygdom



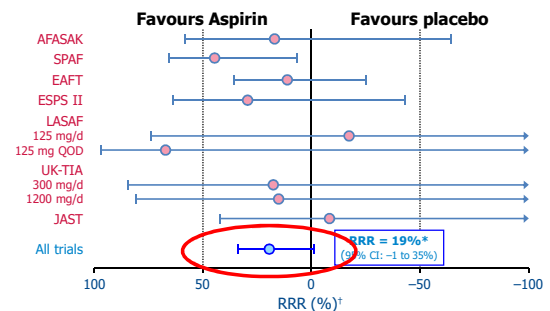
CAPRIE trial. Lancet 1996.

Warfarin, ASA eller begge ved AMI?



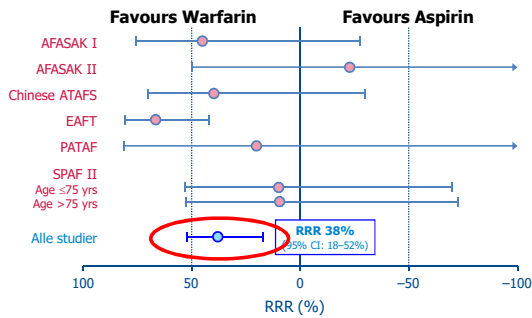
WARIS-2. NEJM 2002;347:969-974.

Magnyl vs. Placebo til ptt med: atrieflimren



Hart RG et al. Ann Intern Med 2007.

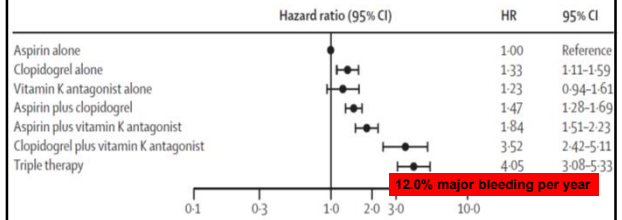
Magnyl vs. Warfarin til ptt med: atrieflimren



Hart RG et al. Ann Intern Med 2007.

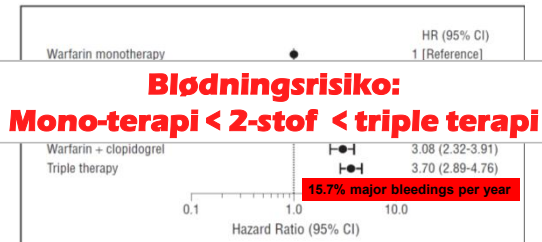
Blødningsrisiko ved flerstof antitrombotisk beh: Myokardieinfarkt

Non-fatal & fatal bleeding



Sørensen et al. The Lancet. 2009.

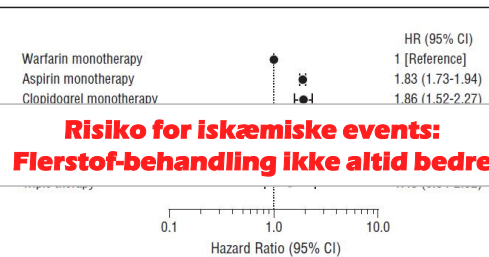
Blødningsrisiko ved flerstof antitrombotisk beh: Atrieflimren



Hazard ratios (HRs) for the risk of nonfatal (n=12 191) and fatal (n=1381) bleeding associated with the use of warfarin, aspirin, clopidogrel, and combinations of these drugs. CI indicates confidence interval.

Hansen et al. Arch Intern Med. 2010.

Iskæmisk stroke ved flerstof antitrombotisk beh: Atrieflimren



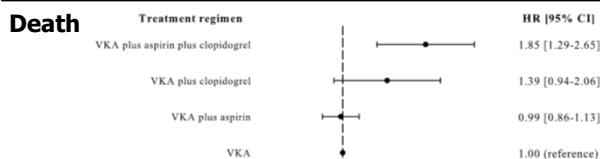
Risiko for iskæmiske events: Flerstof-behandling ikke altid bedre

Hansen et al. Arch Intern Med. 2010.

Registerdata (n=8700): TT til ptt med AFLI & stabil CAD



Conclusions—In atrial fibrillation patients with stable coronary artery disease, the addition of antiplatelet therapy to VKA therapy is not associated with a reduction in risk of recurrent coronary events or thromboembolism, whereas risk of bleeding is increased significantly. The common practice of adding antiplatelet therapy to oral VKA anticoagulation in patients with atrial fibrillation and stable coronary artery disease warrants reassessment. (Circulation. 2014;129:1577-1585.)



Lamberts et al. Circulation 2014.

Triple Terapi i registerstudier

- Begrænset (ingen?) gavn mht KV events.
- Øger blødningsrisikoen!
- Optimal (sikker?) varighed?
- 2 vs. 3-stof antitrombotisk beh??

WOEST

Kan vi droppe magnyl ? Study Design

1:1 Randomisation (n = 573, 69% = atrial fibrillation):

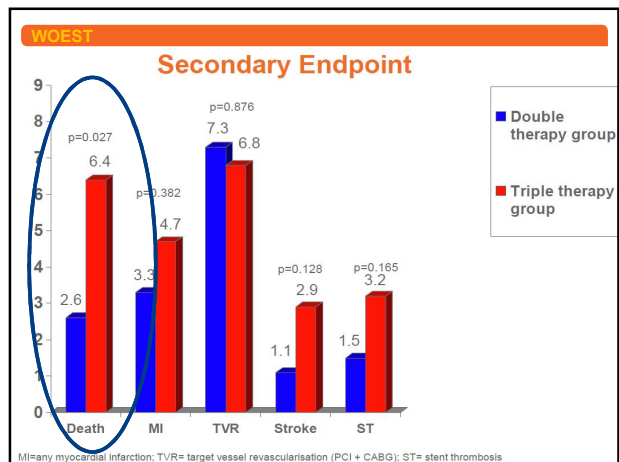
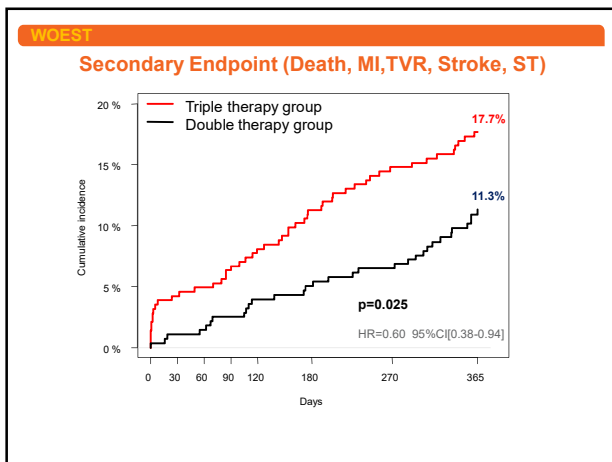
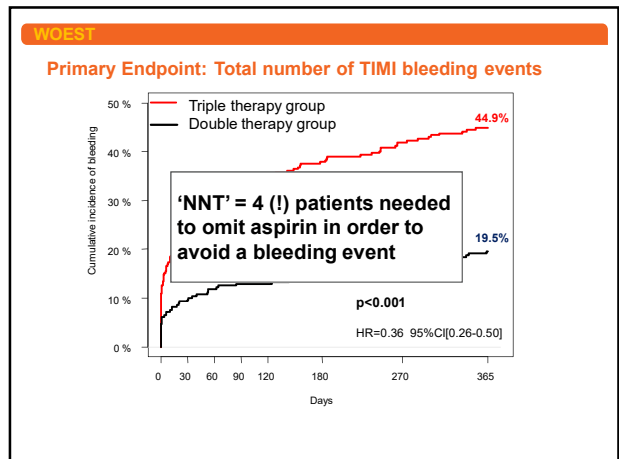
Double therapy group:	Triple therapy group
OAC + 75mg Clopidogrel qd	OAC + 75mg Clopidogrel qd + 80mg Aspirin qd

1 month minimum after BMS 1 month minimum after BMS
1 year after DES 1 year after DES

Follow up: 1 year

Primary Endpoint: The occurrence of all bleeding events (TIMI criteria)

Secondary Endpoints:
- Combination of stroke, death, myocardial infarction, stent thrombosis and target vessel revascularisation

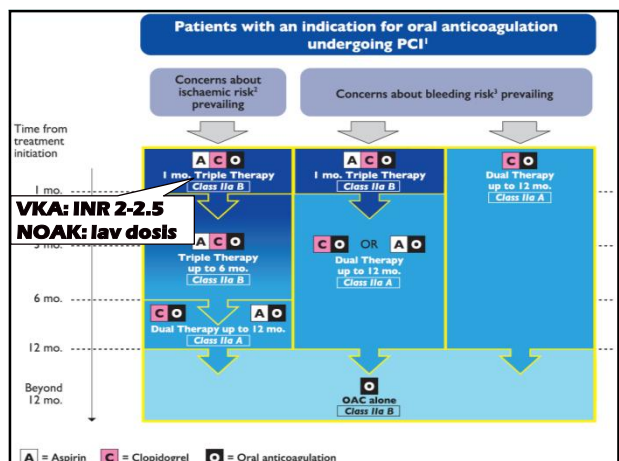


WOEST - konklusioner

Double terapi (fremfor TT) med OAC + clopidogrel gav som ventet færre blødninger end TT.

Double terapi (fremfor TT) resulterede ikke i flere TE events: stroke, ST, revask., MI eller død.

Double terapi var sml. m. TT associeret med lavere mortalitet.



Blødning



Vigtige overvejelser

- Behandlingsvarighed (epikrise)
- Seponér trombocythæmmere (seponeringsdato)
- PPI (afh af risiko, ikke blot symptomer)
- Tæt kontrol (INR, eGFR)
- Komorbiditet (GI gener, alkohol, hypertension)
- Komedicinering (NSAID, prednisolon etc)
- Undgå ticagrelor og prasugrel sammen med AK-behandling.

Konklusion 1(2)

- **Flere ptt i antitrombotisk beh.**
- **Flere nye antitrombotika.**
- **Flere kombinationsmuligheder.**

- **Triple (og double) antitrombotisk behandling er associeret med øget blødningsrisiko.**

- **OAC + clopidogrel formentlig OK i stedet for TT til udvalgte AFLI ptt efter PCI.**

Konklusion 2(2)

Blødningsrisikoen kan minimeres ved fokus på bl.a. blødningsrisiko(!), beh. varighed, PPI, komedicinering, valg af nye farmaka etc.

OAK kan være VKA eller NOAK (især data på rivaroxaban og dabigatran + studier på vej).

CAVE ticagrelor / prasugrel i komb. med (N)OAK.

**Ved kombination af trombocythæmmere med OAK
1) VKA: INR 2-2.5 og 2) NOAK: vælg den lave dosis**