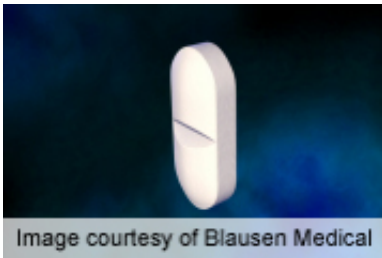


Direct oral anticoagulants have distinct bleeding profiles

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(HealthDay)—Direct oral anticoagulants (DOACs) have distinct bleeding profiles and require individualized management approaches, according to a state-of-the-art review published in the December issue of *JACC: Cardiovascular Interventions*.

Jerrold H. Levy, M.D., from Duke University in Durham, N.C., and colleagues reviewed the safety of DOACs, which are approved for multiple thromboembolic disorders.

The researchers note that DOACs provide advantages over existing agents. In randomized phase III studies, DOACs were found to have a similar risk of clinically relevant [bleeding](#) compared with standard anticoagulants, with declines in [major bleeding](#) in some cases, especially for patients with atrial fibrillation, for whom the rate of intracranial hemorrhage was approximately halved with DOACs versus warfarin.

However, the risk of [gastrointestinal bleeding](#) may be increased with DOACs. When assessing the risk of bleeding, specific patient characteristics, such as renal impairment, comedications, and aspects of each drug should be considered. Routine coagulation monitoring of DOACs may be useful in some situations, although it is not required. A sensitive and calibrated prothrombin time may be useful for detecting clinically relevant factor Xa inhibitor concentrations; drug levels can be measured quantitatively with specific anti-factor Xa assays.

"Further study and increasing use of apixaban, rivaroxaban, dabigatran, and edoxaban in real-world practice will help to familiarize physicians with best practice in this area," the authors write. "Development of specific measurement techniques and reversal agents will also provide further tools for the management of bleeding."

Several authors disclosed financial ties to the pharmaceutical industry.

More information: [Full Text \(subscription or payment may be required\)](#)

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