Tratamiento del tromboembolismo venoso. Temas especiales

Special issues on VTE treatment

Anticoagulantes orales directos en el tratamiento del tromboembolismo venoso.

Direct oral anticoagulants for treatment of venous thromboembolism.

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All 4 DOACs, dabigatran, rivaroxaban, apixaban and edoxaban, have now been approved in many jurisdictions for the treatment and secondary prevention of venous thromboembolism (VTE). When used to treat a newly diagnosed VTE episode, 2 of the medications – dabigatran and edoxaban – must be used only after an initial 5-day treatment period with a parenteral anticoagulant. The other 2 medications have been approved as monotherapy; however, both must be used at higher doses initially: apixaban 10 mg twice daily for 7 days (and 5 mg BID thereafter) and rivaroxaban 15 mg twice daily for 21 days (and 20 mg once daily thereafter). Authors of at least 2 guidelines[1,2] have now recommended that DOACs be used in preference to warfarin for the treatment of deep vein thrombosis (DVT) and/or pulmonary embolism (PE). These recommendations are based not only on the increased convenience of DOACs (which do not require routine measurement of their anticoagulant effect), but also on evidence that, when compared to the traditional approach of low molecular weight heparin followed by warfarin, DOACs reduce the risk of major bleeding[3]. Furthermore, several studies of extended secondary prevention have demonstrated that among patients with unprovoked VTE who have completed 6 months of anticoagulation, DOACs nearly eliminate the chance of recurrent thrombosis, while causing fewer than 10 major bleeding episodes per 1000 patient-years of treatment. In the coming years, evidence will likely inform clinicians about the efficacy and safety of DOACs in highly prothrombotic states such as thrombosis in the setting of cancer or heparin-induced thrombocytopenia.

Declaración de conflictos de interés:
El autor declara haber recibido honorarios de consultoría y/o investigación de: Daiichi Sankyo, Boehringer Ingelheim, Janssen, Pfizer y Bristol Meyers Squibb.

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