

## Common Direct Oral Anticoagulants (Apixaban, Dabigatran Edoxaban and Rivaroxaban) Information for care home staff

### What are they?

- They belong to a new group of oral anticoagulants, called direct oral anticoagulant or DOACs for short.
- They reduce the risk of blood clots forming by increasing the time it takes for the blood to clot.

### DOACs and warfarin, which is better?

They each have advantages and disadvantages. The decision of when to start anticoagulation therapy and the choice between a DOAC or warfarin is dependent on the resident's particular circumstances and other medical conditions they may have. Usually this decision would be informed by a Specialist such as a Haematologist or Cardiologist.

### Common uses:

- Atrial fibrillation (AF) – Residents who have this irregular heartbeat have an increased risk of developing blood clots which can lead to a stroke (caused by interruption to blood supply to the brain). Anticoagulants reduce the risk by preventing these blood clots from forming. Treatment is normally long term.
- Recent hip or knee replacement – Residents who have a hip or knee replacement may be prescribed an anticoagulant to prevent blood clots until they are able to move around. Treatment is usually for 6 weeks.
- Deep vein thrombosis (DVT) and pulmonary embolism (PE) – DVT is a blood clot in a deep vein, usually in the leg. Anticoagulant treatment prevents a DVT from getting larger, and prevents any new clots from forming. PE is a blockage in one of the blood vessels (arteries) in the lungs - usually due to a blood clot. In most cases anticoagulant treatment is continued until three months after the DVT or PE. Sometimes longer treatment is advised, especially if there is a high risk of recurrent clots.

| APIXABAN (Eliquis®)   | DABIGATRAN (Pradaxa®)  | EDOXYBAN (Lixiana®)  | RIVAROXABAN (Xarelto®)   |
|---|--|--|--|
| <p><b>2.5 mg and 5 mg tablets</b></p>  <p><b>Swallow whole with or without food</b></p>   | <p><b>75mg, 110 mg and 150 mg capsules</b></p>  <p><b>Swallow whole with or without food</b></p> | <p><b>15mg, 30mg and 60mg tablets</b></p> <p><b>Swallow whole with or without food</b></p> | <p><b>10mg, 15 mg and 20 mg tablets</b></p>  <p><b>Swallow whole with food</b></p> |
| <p><b>The medicines should NOT to be manipulated</b><br/><b>E.g. crushed without discussion with an appropriate healthcare professional such as the GP or Pharmacist.</b></p>   |  |  |  |
| <p><b>Points to note</b></p>  |  |  |  |
| <p><b>It is very important that the DOAC is taken as prescribed. This will be either once daily or twice daily depending on the drug or indication.</b></p>   |  |  |  |
| <p><b>The protective effect lasts 12 – 24 hours after the last dose. The action to be taken if a resident misses a dose should be agreed with their GP and included in the resident's care plan. This will vary dependent on the DOAC prescribed, the condition being treated and the time remaining before the next dose.</b></p> <p style="color: red;"><b>If the resident refuses their medication the GP should also be informed (notify the GP within the agreed time period).</b></p> |  |  |  |

### Monitoring requirements:

- As DOACs have a predictable anticoagulant effect, they do not require regular monitoring of the level of anticoagulation.
- Before they start treatment the resident's renal and liver function will need to be checked, and then repeated at least once every year. If they have liver or kidney problems it may need to be checked more often than that.
- Care Home staff should monitor the resident regularly for signs of bleeding (see adverse reactions/side effects section below).

### Interactions:

- Food - currently there are no known interactions with food.
- Drink – Alcohol can interact with DOACs and have an effect on bleeding. Discuss the resident's alcohol intake with the GP.
- Other medication - DOACs interact with several types of other medicines including medicines bought over the counter and herbal remedies therefore it is very important that the resident's GP is informed if they take any homely remedies which they have purchased by themselves or their family. See the patient information leaflet for the list of drugs which may interact with DOACs.

**Adverse reactions/Side effects** see the patient information leaflet for a full list of common side effects.

As with the other anticoagulants, the main side effect of DOACs is bleeding. Seek medical help from the resident's GP if the resident experiences any of the following signs and symptoms:

- Unexpected bleeding
- Severe or unexplained bruising (or bruises that get bigger)
- Blood in the urine
- Coughing or vomiting blood, or vomit that looks like coffee grounds
- Black stools or blood in their stools
- Unexpected new pain, swelling or discomfort in a joint
- Menstrual flow or vaginal bleeding that is heavier than normal
- Severe headache, dizziness or weakness

### Urgent medical attention is necessary in cases of:

- Uncontrollable heavy bleeding (lasts over 10 minutes) such as nose bleeds, bleeding from the gum, bleeding from cuts and scrapes
- A fall or injury to their head or face (even if there are no visible signs of injury).

If the resident is experiencing an adverse reaction that is not listed in the patient information leaflet and you suspect may be related to taking the DOAC please report it to their GP and to the yellow card scheme. [www.yellowcard.mhra.gov.uk](http://www.yellowcard.mhra.gov.uk)

### Reversal:

Unlike warfarin, there is no specific antidote to reverse the effects of the DOACs currently available. There are steps that can be taken to reverse the drugs' effect in the event of a major bleed.

### Communication

- The resident should have an anticoagulant alert card or medic alert card.
- Bleeding from medical and dental procedures may be increased if the resident is taking a DOAC. It is important that other healthcare professionals involved in their care know that they are taking an anticoagulant.

### Storage:

- The medicines should be stored at room temperature. Dabigatran capsules **must not** be removed from the original packaging (foil pack or bottle) and transferred to dosette boxes or other type of monitored dosage system.