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Jacob Goldstein

Lady Davis Carmel Medical Center, Israel

The new blood thinners in atrial fibrillation, did they keep their promise a decade later? And what about my risky older patient?

The emergence of new or novel therapeutic oral anticoagulants NOAC or direct as DOAC in the last decade is considered a major contribution especially in management of the vast population suffering from atrial fibrillation AF. This is a revolutionary step in order to improve stroke prevention measures in a large proportion of AF patients at high risk which were not or were undertreated in VKA era in the last 50 years. AF prevalence around 1-2% of population is steadily increasing over time and the percentage goes higher as age over 65 increases. Increased age is more prone to disabling strokes in AF and also to increased bleeding risk following anticoagulation treatment. I try in my talk to review mechanism of these drugs and WHY NOAC = DOAC = TSOAC as - target specific OA are potentially a better choice than classic VKA, What is the OAC general importance in S/SE stroke syst emboli prevention, What the randomized multicenter clinical studies RCT's promised us, and how to decide WHICH DOAC FOR WHOM: according to age, renal function, bleeding risk, If the studies in THE REAL WORLD kept the promise of the RCT's, To discuss BLEEDINGS and REDUCE PARADOX concerning inadequate dosage, Discuss importance of Antidots, and SPECIAL CONDITIONS as interruption due to invasive procedures, therapy in patients after stenting coronaries or MI w AF and other items.

Biography

As a cardiologist head of a Coronary Care unit in my hospital and course co director in a nursing school, participating in a lot of international randomized clinical studies, taking part as faculty in meetings until retiring, I continue nowadays to teach medical students, still treating outpatients and a lot of patients also suffering from AF. I also am a co-editor of our national Israeli Heart Society website reviewing for our members the published studies in the international cardiology field. In my long career I had a few older patients with AF, treated by VKA as primary prevention only, and which passed away because of intracranial bleeds. Therefore, DOAC became a fascinating subject for me.

e: jackdr.goldstein@gmail.com