Is NOAC without monitoring as good as warfarin?

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I thank Dr Jolobe for the comments on the article, ‘Dilemmas in new anticoagulant use’. I entirely agree with the author that the inability to monitor a drug like non-vitamin K antagonist oral anticoagulants (NOAC) means that there is difficulty in confirming the efficacy for the same. However, most physicians are also familiar with the big task of monitoring anticoagulant efficacy in patients receiving warfarin using anticoagulant clinics. There are multiple reasons when the time in therapeutic range (TTR) is not the acceptable level of >65%. This means that warfarin may not be effective despite close monitoring. The ‘beauty’ of the NOAC is that it has been shown to be as effective as warfarin in over 42 000 patients with comparable risk of bleeding and more importantly, decreased incidence of intracranial bleeding, the most feared complication of an anticoagulant. This is even in the absence of monitoring. For this reason, I would encourage an individual to consider NOAC for the appropriate clinical indication but would certainly not switch a patient from warfarin to NOAC if their TTR is in range more than 65% of the time. Also, I would encourage patients who go on to receive NOAC to be compliant with their medication stressing, ‘any drug will only work if it is taken correctly’.

Conflict of interest: The author has received honoraria from BMS Pfizer, Bayer and Boehringer Ingelheim whose products may be related to the article.

References