








PRACTICE AID

Managing Atrial Fibrillation: Treatment Options and Conversation Aids

PeerView
Cardiology

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North American Thrombosis Forum Anticoagulation Comparison Chart¹

	Warfarin (Coumadin)	Dabigatran (Pradaxa)	Rivaroxaban (Xarelto)	Apixaban (Eliquis)	Edoxaban (Savaysa)
Generic	Yes	No	No	No	No
FDA approval	Before 1982 <i>Warfarin was first used in humans in 1954, before the FDA regulated drugs</i>	October 2010	July 2011	December 2012	January 2015
Indications	• Stroke prevention in NVAF and valve replacements	• Stroke prevention and NVAF	• Stroke prevention and NVAF	• Stroke prevention and NVAF	• Stroke prevention and NVAF
Drug image					
Available strengths	Variable	75-mg, 110-mg, or 150-mg capsule	2.5-mg, 10-mg, 15-mg, or 20-mg tablet	5-mg or 2.5-mg tablet	15-mg, 30-mg, or 60-mg tablet
Dosing frequency	Once daily	Twice daily	Once daily	Twice daily	Once daily
Onset	Slow Several days	Fast A few hours	Fast A few hours	Fast A few hours	Fast A few hours
Kidney function	No	Yes <i>Kidney function affects the dosage</i>	Yes <i>Kidney function affects the dosage</i>	Yes <i>Kidney function affects the dosage</i>	Yes <i>Kidney function affects the dosage</i>
Food effect	Yes <i>Speak with your provider about vitamin K intake and warfarin</i>	No	Yes <i>Rivaroxaban should be taken with dinner</i>	No	No
Drug interactions	Many	Few	Few	Few	Few
Routine lab monitoring	Yes	No	No	No	No
Reversal agents	Yes <i>Vitamin K, fresh frozen plasma, prothrombin complex concentrates</i>	Yes <i>Idarucizumab</i>	Yes <i>Andexanet alfa</i>	Yes <i>Andexanet alfa</i>	Soon <i>May use prothrombin complex concentrates in emergencies</i>

The following pages contain a conversation aid³ that was developed from a published study and is intended to be a practical tool for clinicians and patients with atrial fibrillation to use when engaging in shared decision-making. We encourage you to download the conversation aid and use it in your clinical practice and discussions with patients about anticoagulation therapy.

1. <https://thrombosis.org/wp-content/uploads/2021/09/NATF-ACC-Patients-Sept-2021.pdf>. 2. <https://www.accessdata.fda.gov/scripts/cder/daf/>. 3. Kunneman M et al. *JAMA Intern Med.* 2020;180:1215-1224.

Patient name: _____

This is not a test.

In order to provide you with the best care possible, it is important that we understand what you know and think about blood thinners (or oral anticoagulants).

Please indicate whether each statement about blood thinners (oral anticoagulants) is true or false, or indicate “I do not know” if you are unsure.

	True	False	I Do Not Know
Taking blood thinners can lower my risk of stroke.			
Taking blood thinners can increase my risk of bleeding.			
Some, but not all, blood thinners require me to get periodic blood tests.			
Blood thinners can be used to treat a stroke if I have one.			
Blood thinners must be taken daily.			
I can safely eat whatever I want when taking a blood thinner.			
Of 100 people like me, the number expected to have a disabling or fatal stroke in the next year is (provide a value between 0-100): _____			

Please check the appropriate box or fill in the blank as indicated.

After discussing and selecting a blood thinner (oral anticoagulant) with your healthcare provider, please share how strongly you agree or disagree with these statements.

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
I know which options are available to me.					
I know the benefits of each option.					
I know the risks and side effects associated with each option.					
I am clear about which benefits matter most to me.					
I am clear about which risks and side effects matter most to me.					
I am clear about which is more important to me (the benefits or the risks and side effects).					
I have enough support from others to make a choice.					
I am choosing without pressure from others.					
I have enough advice to make a choice.					
I am clear about the best choice for me.					
I feel sure about what to choose.					
This decision is easy for me to make.					
I feel I have made an informed choice.					
I expect to stick with my decision.					
The decision shows what is important to me.					
I am satisfied with my decision.					

Thank you for completing the survey!
Please return it to the clinical support staff who asked you to complete it!