



## Appendix F: Comparisons of Anticoagulants for Atrial Fibrillation

### Non-Vitamin K Antagonist Oral Anticoagulants (NOACs) versus warfarin for prevention of stroke or systemic embolism in non-valvular atrial fibrillation

Outcomes	Dabig atran 110 mg twice daily	Dabigatran 150 mg twice daily	Rivaroxaban 20 mg once daily	Apixaban 5 mg twice daily
Stroke or systemic embolism prevention	↔	↓*	↔	↓*
Major bleeding	↓*	↔	↔	↓*
Intracranial hemorrhage	↓*	↓*	↓*	↓*
Mortality	↔	↔	↔	↓

**Footnotes:** ↔ no worse than warfarin; ↓ lower risk than warfarin; \* result is statistically significant.

### Advantages and disadvantages of warfarin versus NOACs

Favours Warfarin	Favours NOAC
<ul style="list-style-type: none"> <li>• Inexpensive</li> <li>• Prone to skipping doses (e.g., dementia)</li> <li>• Drug interaction with P-gp/CYP3A4</li> <li>• Renal impairment (CrCl &lt; 30 mL/min)</li> <li>• History of GI bleed</li> <li>• Also needs ASA or other antiplatelet therapy</li> <li>• Extremes of body weight (&lt; 40 kg or &gt; 120 kg)</li> <li>• Lack of long-term toxicity data for NOAC</li> <li>• Reversal agents available</li> </ul>	<ul style="list-style-type: none"> <li>• Convenience</li> <li>• Prone to skipping laboratory testing</li> <li>• Poor venous access or lab access</li> <li>• Variable diet or frequent alcohol use</li> <li>• History of intracranial bleed</li> </ul>

**Abbreviations:** ASA = acetyl-salicylic acid; CrCl = creatinine clearance; CYP3A4 = cytochrome P450 3A4 isoenzymes; GI = gastrointestinal; kg = kilogram; mL/min = milliliter per minute; NOAC = non-vitamin K antagonist oral anticoagulants; P-gp = P-glycoprotein.

For more information, refer to [BCGuidelines.ca](http://BCGuidelines.ca) – *Use of Non-Vitamin K Antagonist Oral Anticoagulants (NOAC) in Non-Valvular Atrial Fibrillation*.