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# Antiplatelet and anticoagulant drugs pdf

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The anti-AGulants and antiaggggng platelets are commonly known as 'blood fluidants', even if strictly rigor, do not fluidify blood. Are they used to reduce excessive blood coagulation formation? How are blood clots formed? Blood coaguli are part of a complex cascade of events, known as hemostasis, which prevents bleeding from external or interior blood vessels back to reduce blood flow. Small blood cell fragments called platelets aggregate together to seal the wound. They produce thromboplastin, which attracts more platelets to wound. The wound produces thromboplastin, which triggers coagulation waterfall. Coagulation waterfall involves 12 coagulation factors (blood proteins) that convert fibrinogen into a fibrin filament network via the thrombin enzyme. Vitamin K and Factor II are also needed for this process. Excessive coagulation is prevented by antithrombin, protein C and protein S. What happens if coagulation is excessive? Excessive coagulation a thrombus, which can completely block a blood vessel and interrupt the normal blood flow. This is known as thrombosis. a portion of the thrombus can break away (an embolus) and can travel through the blood vessels to block a small vessel. blood clots that form in arteries are mainly made up of platelets with a small amount of fibrin. They lead to: stroke, transient ischemic attack (TIA or mini-stroke) arterial intake of arterial peripheral coagulous and gangrene infarcts in the internal organs (for example kidney, spleen, intestine). Blood clots that are formed in larger veins are mainly made up of fibrin, with a small number of platelets. They can lead to: deep venous thrombosis (DVT) pulmonary embolism (PE). Why do the thrombosis and embolism occur? Thromboembolic disease occurs for genetic and acquired reasons. These can include: Family reduction of antithrombin, Protein C or Protein S Obesity and Metabolic Syndrome Slow blood flow due to atherosclerosis (cholesterol and plaque deposition on the walls of the arteries) or freezing rest in bed prolonged, for example after surgery During a disease greater orthopedic surgery, in particular of the hip and knee surgery by plane or by bus for a prolonged heart uneven period (for example, atrial fibrillation) artificial heart valve or heart defects congenital antibody syndrome Antiphospholipid syndrome or estrogen drugs (for example, an oral contraceptive pill) drugs that increase hemostasis (for example, a tranexamic acid, aprotinin). Patients at risk of blood clots can be prescribed one or more anticoagulant oral and anti-pipeline drugs to reduce their probabilities of stroke, heart attack and deep thrombosis agents. Antiplatelet venous prevent platelets to stick. The anticoagulants act against coagulation factors. The level of anti-aggregating / anticoagulant needs is within a desired interval to reduce the risk of excessive bleeding. more about anti-aggregating agents adictetel agents inhibit the production of thromboxane. They are mainly used to prevent stroke and heart attack. The most common anti-lagging agent prescribed is a small dose of aspirin (aspirin). Aspirin inhibits irreversibly cyclooxygenase-1, which is necessary for the synthesis of prostaglandins and thromboxane. It has a long half life. Clopidogrel, Prasugrel, Ticagrelor and Ticlopidine antagonize the ADP receptor, platelet activation and crosslinking. These have more short half-life. Further on anticoagulants anticoagulants are mainly used for the treatment and prevention of venous thrombosis and prevent complications of atrial fibrillation and artificial heart valves. Warfarin is a synthetic derivative of vegetable material, coumarin. The use of Warfarin (Coumadin) for anticoagulant therapy has begun with its approval in 1954, and has been decisive in reducing morbidity and mortality with thrombotic conditions. Warfarin: inhibits vitamin K epoxide reductase, reducing the hepatic synthesis of vitamin K dependent clotting factors II, VII, IX and X. The level of anticoagulation is monitored by measuring Normalized Ratio (INR). And metabolized by CYP2C9 and has a high protein binding (99%), which means that many other drugs and supplements can change the physiologically active dose. In the emergency context of uncontrollable bleeding in patients on warfarin, vitamin K and fresh frozen plasma can be administered to counteract its effects and lower the INR. Phenprocoumon (Marcoumar) is used instead of warfarin in some countries, for example, oral anticoagulants Germany. Novel (NOACs) include: Dabigatran (Pradaxa) inhibits thrombin (factor IIa) preventing the conversion of fibrinogen to fibrin Rivaroxaban (Xarelto) inhibits factor Xa, preventing the conversion of prothrombin to thrombin apixaban (Eliquis) inhibits factor Xa, preventing the conversion of prothrombin to thrombin. Compared to warfarin, these new anticoagulants are as good or better in preventing thromboembolism have equal or reduced risk for bleeding Have no reversal agent available at this time have the pharmacokinetics and predictable pharmacodynamics, so levels are not currently monitored have fewer interactions with other drugs. However, there are some important interactions with cytochrome P450 3A4 inhibitors and inducers, and P-glycoprotein inhibitors Having a shorter half-life and the time to reach the peak levels in plasma. Natural antiplatelet agents and anticoagulants Some foods, supplements and natural medicines have antiplatelet and anticoagulant activity, including garlic, ginger, ginkgo, dong quai, feverfew, fish oil, vitamin E and many more. Good human studies of quality laboratory and have not been carried out on these agents and are not regulated. Dietary supplements and herbal medicines with an uncertain effect on blood coagulation should be avoided while taking prescribed antiplatelet and anticoagulant drugs because the combination could be dangerous. Other foods and dietary supplements contain vitamin K, for example, cabbage, Brussels sprouts, broccoli, asparagus and many other green vegetables. These may unexpectedly reduce the effectiveness of antiplatelet and anticoagulant drugs. How do antiplatelet agents and anticoagulants influence dermatologic surgery? Patients receiving anticoagulants and antiplatelet drugs have an increased risk of bleeding, particularly after trauma, dermatological surgery in these patients can lead to complications such as: But, if patients stop their blood thinners before surgery, they face the complications associated with thrombosis. This presents a dilemma should be stopped or continued anticoagulant for Dermatologic Surgery? In the past, dermatological surgeons were in favor of interrupting blood thinners to reduce the risk of bleeding. warfarin increases the risk of surgical bleeding ~ 7x and 9 times. However, it's extremely rare that bleeding is the overall rate of perioperative and postoperative bleeding life threatening cutaneous surgery is very low (0.89%) bleeding can be easily controlled by electro-coagulation in the theater A postoperative hematoma can be managed in an outpatient clinic. E became clear that the suspension of anticoagulants can lead to serious thromboembolic events. 24% of dermatologic surgeons interviewed recalled a patient who had a thromboembolic event. Retrospective studies have shown that patients have an incidence greater than expected and cerebrovascular accidents embolism After the Warfarin interruption. Limited data on Dabigatran indicates that a model similar to Warfarin. as the risks of thromboembolism exceed the risk of bleeding, is now recommended that the anticoagulants continue in low-risk operations, such as those present in dermatology. This recommendation can differ on a case by case case In case of suspension of a drug, pharmacokinetic and pharmacodynamic factors must be considered to optimize the times (see table) Pharmacokinetic properties. Anticoagulant Warfarin Dabigatran Rivaroxaban Apixaban half-life (HR) 20h 60 13h 17 5h 9 to 10 14 Peak Plasma Time (h) 36 72 2nd 3 2.5 4 3 elimination 92% renal 8% fecal 80% renal 20% fecal 66% renal 33% 27% Renal fecal 63% fecal guidelines liver hepatic hepatic hepatic metabolism General for anticoagulant and anti-aggregating drugs platelets During skin surgery suggested guidelines for perioperative management of oral anticoagulants and antiplatelet drugs for dermatological surgery are provided by Brown et al (simplified below) [3]. anticoagulant or anti-tag drugs prescribed for thrombosis prevention should be carried out before procedure. Attentive intraoperative emostatic measures should be adopted, using topical electrocauterization and hemostats. Postoperative pressure medications should be applied 24h, 48h. Warfarin International normalized ratio (INR) 1 month before surgery should be in the therapeutic range. Surgery must be postponed if INR is > 3.5. If severe bleeding occurs that it cannot be stopped by pressure, frozen fresh plasma reversal or vitamin K can be considered. Aspirin-steroid anti-inflammatory drugs (aspirin 10 days) or aspirin (3 days) can be interrupted before the procedure only if the drug is for the primary stroke prevention or cardiac attack (ask your doctor). headache or pain. They can be resumed 3 days after the anticoagulants Procedures other and anti-vendor agent guidelines. dabigatran general can be stopped 12 to 48 hours before the intervention if the risk of bleeding is high. Severe surgical bleeding that cannot be stopped with pressure can request reversal using tranexamic acid or, in an emergency situation, using the specific inversion agent, Idarucizumab. New Zealand approved technical data sheets are the official source of information for these Prescription medicines, including approved uses and information risk. Check the individual card New Zealand on the Medsafe website. website.

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