

■ Nove europske smjernice za plućnu emboliju – uloga novih oralnih direktnih antikoagulansa

New European guidelines for pulmonary embolism – the role of novel oral direct anticoagulants

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Pojam venski tromboembolizam (VTE) obuhvaća duboku vensku trombozu (DVT) i plućnu emboliju (PE). VTE predstavlja treću najčešću kardiovaskularnu bolest s godišnjom učestalošću od 100-200 slučajeva na 100.000 stanovnika. Posljedice mogu biti fatalne ili vode u kroničnu bolest, a često se mogu prevenirati. Europsko kardiološko društvo (ESC) je nedavno objavilo treće izdanje smjernica za PE, podržanih od Europskog respiratornog društva. Mnoge činjenice i dokazi zadržani su iz ranijeg izdanja smjernica, ali su sustavno prikazani vrlo važni novi podatci i dokazi, posebno o liječenju i prevenciji VTE-a novim oralnim direktnim antikoagulansima (NOAK). Opisani su glavni rezultati kliničkih ispitivanja faze III s NOAK-ima u liječenju akutne faze i daljnjoj terapiji standardnog trajanja, a također i u dugotrajnoj primjeni. Ovi rezultati jasno upućuju da NOAK-i u usporedbi s uobičajenom standardnom terapijom heparinom i antagonistima vitamina K, nisu inferiorni u smislu učinkovitosti, a izgleda da su sigurniji, posebno uzimajući u obzir rizik većih krvarenja. Na osnovu sadašnjih dokaza i stalno rastućeg praktičnog iskustva, NOAK-e treba ozbiljno uzeti u obzir kao moguću alternativu standardnoj terapiji VTE-a te primjenjivati u skladu s preporukama opisanim u praktičnom vodiču Europskog ritmološkog društva.

The term venous thromboembolism (VTE) includes deep vein thrombosis (DVT) and pulmonary embolism (PE). VTE represents the third most frequent cardiovascular disease with the annual incidence of 100-200 per 100.000 inhabitants. The consequences which may be fatal or lead to chronic disease are often preventable. The European Society of Cardiology has recently published the third release of guidelines for PE, endorsed by the European Respiratory Society. Many facts and recommendations have been retained from previous version, but very important new data and evidence have been summarized, especially on the treatment and prophylaxis of VTE with the new oral direct anticoagulants (NOACs). The principal results of phase III clinical trials with NOACs on the acute phase treatment and standard duration of anticoagulation after PE or VTE have been overviewed, as well for the extended treatment. These results strongly indicate that NOACs are non-inferior in terms of efficacy and possibly safer, particularly in terms of major bleeding, than standard treatment with heparin and vitamin K antagonists. Based on the evidence and permanently growing data, NOACs should be seriously considered as an alternative to standard treatment of VTE and used according to the recommendations published in the practical guide by the European Heart Rhythm Association.

LITERATURE

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