

ACVC LIVE WEBINAR - QUESTIONS FROM CHAT
Anticoagulation patterns in the acute phase of NSTEMI - 16th June 2020

Questions	Answers
Are our G.B. NICE Guidelines in line with the E.S.C. guidance?	In the NICE 2010 NSTEACS guidelines: 1.4 Antithrombin therapy 1.4.1 Offer fondaparinux to patients who do not have a high bleeding risk, unless coronary angiography is planned within 24 hours of admission. 1.4.2 Offer unfractionated heparin as an alternative to fondaparinux to patients who are likely to undergo coronary angiography within 24 hours of admission
Any precautions about dietary Vitamin-K ?	I do not think so
How well does Blood Pressure have to be controlled & how fast, before anti-coagulation Rx?	Fast BP reductions should be reserved only to patients with very high SBP
In an older diabetic lady with h/o peptic ulceration & dyspepsia, what atypical symptoms would make you worry about a silent M.I. without chest/jaw/arm pains?	short of breathness at effort/at rest, acute arrhythmias
If a patient has iatrogenic STEROID-induced Diabetes Mellitus, would their bleeding risk be greater (associated with skin thinning)?	I think his/her bleeding risk could be slightly higher
Should pre-diabetics with atherosclerotic vascular disease be given, METFORMIN - on evidence from the MET-REMODEL study (esp. if they have L.V.H. with risk of H.F.)?	
See you for this SATURDAY's novel E.S.C. webinar ! Regards .	
How can RENAL dysfunction obscure cardiac Troponin levels & how does kidney function influence anti-coagulation Rx options ?	Renal dysfunction should not change our judgment on hs-cTn(s) elevations. As renal function, below eGFR 20 use UFH
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What is the best anticoagulant for acute NSTEMI?	i.v. enoxaparin for an invasive strategy within 2 hrs, fondaparinux in all the other cases
What is the maximum blood pressure that accepted to give anticoagulant ?	there is not a precise figure, because it depends also on age, frailty and bleeding risk of that particular patient
In patients with Deep Vein Thrombosis, after NSTEMI can we go longer till 3-6 Months with NFH	we use NOACs + clopidogrel + ASA for 3 months
When we use IV fonaparinox	there is no need
How do you anticoagulate a hemorrhagic stroke patient in the rare occasion where they present with NSTEMI?	we do not anticoagulate
Please, how would you manage NSTEMI with a possible recent hemorrhagic stroke? Any space for Anticoagulant use?	no space
DAPT and anticoagulation usage in post recent pci patient with GIT bleeding or preoperative preparation?	as the parenteral anticoagulant, fondaparinux or bivalirudin
Role of tirofiban in NSTEMI	as bailout in the cath lab
Patient with aspirin intolerance-alternate drug for loading dose?	use a desensibilization protocol, unless the patient has a history of anaphylactic shock. In this case indobufene, but without evidence
A patient with history of CKD -5 presents with NSTEMI..do we need any dose titration?	not using UFH, which is the only parenteral anticoagulant suggested
Do we some concern about use of newer antiplatelets + anticoagulation in context of reduced eGFR?	not above 30 ml/min
If patient has been revascularised as part of early invasive strategy, do you recommend continuation of parenteral anticoagulants downstream?	only with bivalirudin, at full dose
Do you consider rivaroxaban 2.5m BID along with ASA + clopidogrel as front line anticoagulation strategy?	the scientific results are very interesting (ATLAS ACS 2-TIMI 51 trial), but it is not in the common practice, at least in Italy, due to the increase in serious bleedings
How about thrombosit level which safe to give anticoagulan	
Which dose of enoxaparin do you prefer full dose or 0,4ml?	full dose
After pci , do use antiplatelet infusion and for how long?	generally we use only oral antiplatelet agents. Sometimes Gp II b/IIIa infusions are used in the cath lab, but for a short period of time
Any slides about Rivaroxaban?	the webinar was focused on parenteral anticoagulants
How long anticoagulant therapy should be continued?	until PCI or until hospital discharge if no PCI
Immediately before PCI, besides DAPT therapy, is it necessary to prescribe an anticoagulant? Should the patient continue anticoagulant therapy after PCI? If yes, how long and what are the doses?	yes for pre-treatment (unless the patient go directly from ER to the cath lab), no continuation after PCI unless we use bivalirudin (and the continuation is recommended at full dose)
Coagulation sratus in SARS-CoV-2 and and anticoagulant Therapy	we have no data to change the doses
GIT bleeding /idarismab vs adnexasenat alfa	we are taking about parenteral anticoagulant, for NOACs we have only idarucizumab against dabigatran
Which P2Y12 in chr.hepatic insuff.regarding to liver metabolism	in case of severe hepatic insufficiency, avoid ticagrelor
What to do in revived patients with prolonged resuscitation?	common practice, unless serious injuries during CPR or ICH
For patients with NSTEMI who have allergy on contrast media and can't revascularized, for how long DAPT is recommended?	use a desensibilization protocol. Anyway, DAPT is recommended for at least 12 months in NSTEMI with conservative treatment
What is the best anticoagulant in obese patient BMI >40kgm2	UFH
In patients who developed bleeding (upper GI, gross hematuria, etc), how do we go about returning anticoagulants and antiplatelets? What is the proper sequence of resuming the said medications?	perform a gastroscopy and try to block the bleeding. If not possible, no anticoagulants and antiplatelets. If possible, defer PCI and use a single antiplatelet therapy with clopidogrel
Would religion a consideration when giving enoxaparin as it is porcine based?	I think God would prefer I save the patient
In a patient was has underlying Af on Warfarin, If this patient is now admitted fro NSTEMI. How do we manage his anticoagulation therapy?	add a dose of UFH in the cath lab, the procedure can be performed in the INR is within the therapeutic range
In clinal practice, how many days of fondaparinux usually you prescribed to NSTEMI patient?	in case of PCI until the procedure, in case of conservative treatment until hospital discharge
If patient on NOAC what about anticoagutaion?	stop NOAC 24 h before the procedure, unless the patient has a STEMI
What is the most appropriate antiplatelet-anticoagulant combination strategy in the management of a patient with both acute lower limb ischemia and deep venous thrombosis complicated by non-ST elevation myocardial infarction?	NOAC + clopidogrel + ASA for three months (in case of PCI and DES)
time for anticoagulation post succesful PCI	generally all the parenteral anticoagulants are stopped after PCI, with the exception of a 4 hour full-dose infusion of bivalirudin
How about precise dapt score ?	It helps in the decision of the duration of DAPT
When is the best time for stopping use Fondaparinux? At the end of pci or at the discharge?	After PCI in case of invasive strategy, at hospital discharge in case of conservative strategy