

Treatment of Venous Thromboembolism (VTE) with Direct Oral Anticoagulants (DOACs): A Patient Guide



Risk Factors of VTE

- 1) Immobility
- 2) Pregnancy
- 3) Injury/Trauma
- 4) Age
- 5) Overweight and obesity



Warning Signs of VTE

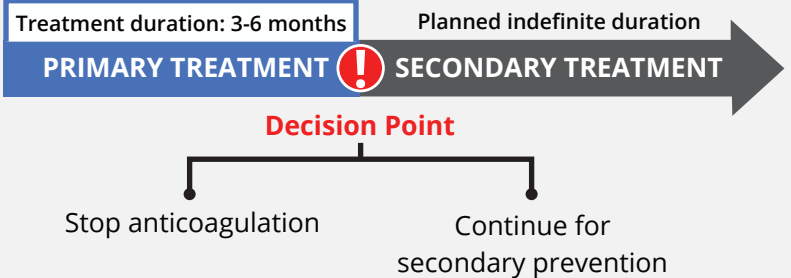
- 1) **Deep Vein Thrombosis:** Pain, tenderness, swelling, redness of skin, no symptoms (about half of people)
- 2) **Pulmonary Embolism:** Difficulty breathing, chest pain, rapid heart rate, fainting or low blood pressure



DOACs Used to Treat VTE

Rivaroxaban	15 mg twice daily for 21 days → 20 mg once daily
Apixaban	10 mg twice daily for 7 days → 5 mg twice daily
Dabigatran	IV agent for at least 5 days → 150 mg twice daily
Edoxaban	IV agent for at least 5 days → 60 mg once daily

Diagnosis of DVT/PE



Rivaroxaban

- Appropriate to use in patients with BMI >40 kg/m²
- Bariatric surgery: absorption likely reduced

Dabigatran

- Bariatric surgery: absorption likely reduced

Apixaban

- Appropriate to use in patients with BMI >40 kg/m²
- Bariatric surgery: absorption likely not affected with gastric banding or partial/sleeve gastrectomy

Edoxaban

- Bariatric surgery: absorption likely reduced



Best Practices for Patients on DOACs

- **Taking the medication as directed** is the best way to prevent a recurrence of VTE
- **Alert other healthcare providers** when taking these medications
- **Avoid taking NSAIDs** (ie, ibuprofen or naproxen) for pain due to increased bleeding risk
- Patients taking **DOACs** are at an **increased risk of bleeding**
 - *Normal signs of bleeding:* Minor nose bleeds, bruising, bleeding of gums when brushing or flossing teeth
 - *Abnormal signs of bleeding:* Red urine, red or black stool
- Always **seek medical care after major trauma or any head injury**