

Table 4**Head-to-head comparison of available anticoagulant drugs**

| | Warfarin | Dabigatran | Rivaroxaban | Apixaban | Edoxaban |
|--------------------------|---|---|---|--|---|
| Target | Vitamin K-dependent clotting factors (II, VII, IX, X) | Thrombin | Factor Xa | Factor Xa | Factor Xa |
| Dose | Variable | - 150 mg bd - 110 mg bd (age 80 or older, on verapamil, HAS-BLED ≥ 3 , CrCl 30-49 ml/min) | - 20 mg od - 15 mg od (HAS-BLED ≥ 3 , CrCl 30-49 ml/min) | - 5 mg bd - 2.5 mg bd (age 80 or older, CrCl ≥ 1.5 mg/dL, weight ≤ 60 kg) | - 60 mg od - 30 mg od (CrCl 15-50 ml/min, weight ≤ 60 kg, on verapamil, quinidine, dronedarone) |
| Blood tests | Required | Not required | Not required | Not required | Not required |
| Antagonist | IV vitamin K (takes 8 hrs to have effect) IV Beriplex/Octaplex (very expensive) | Idarucizumab | Not available | Not available | Not available |
| Drug interactions | Cimetidine, fibrates, propafenone, amiodarone, tramadol, NSAIDs, many classes of antibiotics, azole antifungals, carbamazepine, levothyroxine | Amiodarone, dronedarone, verapamil, ketoconazole, itraconazole, voriconazole, quinidine, clarithromycin, rifampicin, carbamazepine, phenytoin, St John's wort | Quinidine, ketoconazole, itraconazole, ritonavir, clarithromycin, rifampicin, carbamazepine, phenytoin, St John's wort | Diltiazem, ketoconazole, itraconazole, ritonavir, clarithromycin, rifampicin, carbamazepine, phenytoin, St John's wort | Dronedarone, quinidine or verapamil, erythromycin, azithromycin, clarithromycin, ketoconazole, itraconazole, rifampicin, carbamazepine, St John's wort |
| Food interactions | Green leafy vegetables, liver, cranberry juice, grapefruit juice, garlic, asparagus, alcohol | - No interaction with food - Should be taken with a full glass of water while sitting upright - Take with food to minimise dyspepsia | To be taken with food | No interaction with food | No interaction with food |
| Adverse reactions | Major bleeding, skin rashes, jaundice, fever, purple toe syndrome, warfarin necrosis, osteoporosis | Major bleeding, dyspepsia, nausea, upper abdominal pain, diarrhoea, gastritis, hypersensitivity reaction | Major bleeding, abdominal pain, dyspepsia, toothache, fatigue, back pain, hypersensitivity, angioedema, Stevens-Johnson syndrome, cholestasis/jaundice | Major bleeding, drug hypersensitivity, nausea, transaminitis, ocular haemorrhage, gingival bleeding | Major bleeding, headache, fever, nausea, vomiting, confusion |
| NICE indications | | Nonvalvular AF with 1 or more risk factors - previous stroke or TIA - LVEF $< 40\%$ - NYHA class $\geq II$ - age 75 or older - age 65 or older with one of the following (diabetes, CAD, hypertension) ¹⁶ | Nonvalvular AF with 1 or more risk factors - congestive heart failure - hypertension - age 75 or older - diabetes mellitus - prior stroke or TIA ¹⁷ | Nonvalvular AF with 1 or more risk factors - prior stroke or TIA - age 75 or older - hypertension - diabetes, - symptomatic heart failure ¹⁸ | Nonvalvular AF with 1 or more risk factors - congestive heart failure - hypertension - age 75 or older - diabetes mellitus - prior stroke or TIA ¹⁹ |
| When to choose | - Mechanical valves/valvular AF - Breast feeding - Active significant bleeding/bleeding diathesis - CrCl < 30 ml/min - Patient preference | - High risk of ischaemic stroke and low bleeding risk - HAS-BLED ≥ 3 (110 mg bd) - Patient preference | - Renal impairment - GI upset/disorders - CAD/previous MI or high risk - Previous stroke - Single dose - Patient preference | - Previous GI bleeding or high risk - GI upset/disorders - Previous stroke - HAS-BLED ≥ 3 - Patient preference | Previous GI bleeding or high risk - GI upset/disorders - Previous stroke - HAS-BLED ≥ 3 - Patient preference |
| When to avoid | Unstable INR because of drug or food/alcohol interactions | - CrCl < 30 ml/min - Hepatic impairment or liver enzymes $> 2 \times$ upper limit of normal | - CrCl < 30 ml/min - Hepatic disease | - CrCl < 30 ml/min - Severe hepatic impairment | - CrCl < 15 ml/min |