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Intracranial hemorrhage-with oral anti-coagulant therapy

Visweshwar Nathan
University of South Florida, USA

According to data from the National Electronic Injury Surveillance System (NEISS), warfarin is the most common drug-related cause of hospitalization (accounting for 33% of such hospitalizations) for adverse events among older adults in the U.S. Incidence of atrial fibrillation increases with age, with a prevalence of 0.1% in people over 55 years of age and 90% in those over than 80 years. The number of patients with atrial fibrillation is likely to increase 2.5-fold during the next 50 years, reflecting the growing proportion of elderly individuals. Incidence of intracerebral hemorrhage in patients receiving oral anticoagulants ranges from 0.3% to 1% per year. Warfarin-related intracerebral hemorrhage carries a particularly high risk of neurologic deterioration and death because of a high rate of hematoma expansion of about 50%. Novel oral anticoagulants (NOACs)--apixaban, dabigatran, and rivaroxaban--have a significantly smaller risk of intracerebral hemorrhage (ICH). Nearly after fifty years of warfarin use, the newer oral anticoagulants are taking over its place in management of both arterial and venous thrombotic states. There is no ideal anticoagulant, and issues regarding predictors of hemorrhage, monitoring anticoagulant therapy, early diagnosis and improving overall survival of patients with intracranial hemorrhage is still challenging.

Biography

Nathan Visweshwar has completed his Medical training in Madras Medical College and proceeded to UK and later to Canada for his training in Medicine andHematology. He was in Middle East & Asia practicing Clinical and Laboratory Hematology. He is presently the Director of the Hemophilia/Hematology program in the University of South Florida, Tampa, FL. He has taken part in more than 50 clinical trials, both academic and drug sponsored clinical trials

nviswesh@health.usf.edu

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