

NOACs for AF Patients with Stable CAD and ACS

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Recently, several randomized controlled clinical trials have evaluated the role of non-vitamin K oral anticoagulant (NOAC) in AF patients with coronary artery disease (CAD), including in the setting of acute coronary syndrome (ACS) and stable CAD. All evidences indicate that double therapy with combination of a NOAC and clopidogrel is safer than triple therapy with vitamin-K oral antagonist plus dual antiplatelet therapy (DAPT). Triple therapy increases the risk of bleeding without more advantages in regard to ischemic risk reduction. The optimal antithrombotic strategy and treatment duration for individual patient with AF and CAD is still a challenge for clinicians. Evaluation of bleeding and ischemic risk case by case is necessary.