Boehringer Ingelheim: bringing you THE BIG PICTURE in patient management

When treating noncommunicable diseases, selecting the correct drug for the correct patient is crucial to achieve optimal outcomes. This central concept emerged at the third Boehringer Ingelheim SA Big Picture meeting hosted in Cape Town at the end of March. The meeting focused on new developments in stroke prevention in patients with atrial fibrillation (AF), cardiovascular diseases (CVDs), chronic obstructive pulmonary disease (COPD) and diabetes mellitus.

DABIGATRAN and stroke prevention in AF

Dabigatran 150mg BID is the 'only novel oral anticoagulant (NOAC) vs well-controlled warfarin that demonstrated superiority in preventing both ischaemic and haemorrhagic stroke without compromising major bleed protection', said Dr Razeen Gopal.

He recommended a step-wise approach when having to select the correct dosage. Dabigatran 150mg BID is the standard dose and is recommended for all at risk non-valvular atrial fibrillation (NVAF) patients except those older than 80 years, those who have a high bleeding risk, or who take concomitant Verapamil.

The 110mg BID dosage offers superior risk reduction of major bleeds vs well-controlled Warfarin, without compromising ischaemic stroke protection. Dabigatran 150mg BID is not recommended in patients with a creatinine clearance (CrCL) of less than 30ml/min, but is safe in patients with a rate of between 30ml/min-50ml/min. If there is a high bleeding risk, the 110mg BID dose should be used.

Dr Gopal also highlighted the fact that Dabigatran is contraindicated in patients taking systemic Ketoconazole, vitamin K antagonists (VKA) and Heparins. The most common adverse event reported is Dyspepsia, which can be effectively managed by prescribing a proton pump inhibitor or H2 receptor antagonists, or taking medication with food.

In patients with mild bleeding, most guidelines recommend that the next dose of Dabigatran is delayed or discontinued and that concomitant medication is reconsidered.

In patients who experience moderate to severe bleeding, supportive measures such as mechanical compression, surgical haemostasis, fluid replacement (colloids if needed), fresh frozen plasma or platelet substitution (if platelet count ≤60×109/L), should be considered.

Consider prothrombin complex concentrate (25IU/kg, repeat once or twice if indicated), activated prothrombin complex (50IU/kg, max 200IU/kg/day) or recombinant activated factor VII (990g/kg) in patients experiencing life-threatening bleeding.

Switching a patient from a VKA to dabigatran: Discontinue VKA and start dabigatran when INR is <2.0.

Switching a patient from a parenteral anticoagulant to dabigatran: Start dabigatran zero to two hours before time of next parenteral dose. If the patient is receiving continuous infusion (e.g. IV unfractionated heparin), start Dabigatran at the time of discontinuation of infusion.

DR RAZEEN GOPAL,
Director of the Cape Town Atrial Fibrillation and Invasive Electrophysiological Laboratory and Service, based at the Panorama Heart Unit in Cape Town

Key messages

- *There is compelling evidence for the safety and efficacy of dabigatran as first-line therapy for stroke prevention in AF patients.*
- *Dabigatran 150mg BID is the only NOAC that significantly reduces the risk of both ischaemic and haemorrhagic stroke vs well-controlled warfarin, and in the different subgroups the drug has shown a significant reduction in intracranial bleeding.*

RESISTANT HYPERTENSION – Truth unravelled

Hypertension is the number one cause of mortality and disability in the world. Although the true prevalence of resistant hypertension is unknown, it is estimated to affect between 7%-9% of the global population.

African studies show that between 5%-12.8% of the continent's population is affected. But, said Prof Nash Ranjith, the prevalence of resistant hypertension is often overestimated.

"Before making a diagnosis of resistant hypertension, it is vital to do an appropriate clinical evaluation, to distinguish between uncontrolled and resistant hypertension. The two are not synonomous."

DEFINITIONS

Uncontrolled hypertension: is defined as an average systolic blood pressure (SBP) ≥140mmHg or an average of (diastolic) ≥90mmHg despite using BP-lowering medication. Studies show that approximately 70% of hypertensive patients do not reach goal.

Resistant hypertension: The AHA, and other major international guidelines, define resistant hypertension as BP that remains above goal despite concurrent use of three antihypertensive agents of different classes (ideally, one of which is a diuretic and all agents are optimised).

To make an accurate diagnosis, it is important to exclude pseudoresistance, which refers to hypertension that appears resistant to treatment but is actually attributable to other factors e.g. nonadherence and 'white coating' and secondary causes should be eliminated. Lifestyle changes and pharmacological therapy should be optomised.

Renal denervation may be considered for management, but Prof Ranjith cautioned further efficacy and safety trials are required.

PROF NASH RANJITH,
Head of the Coronary Care Unit at RK Khan Hospital in KwaZulu-Natal

Key messages

- *Before making the diagnosis of resistant hypertension, it is vital to do a thorough history, clinical examination, correct blood pressure measurement and exclude non-adherence and white coat effect. If secondary causes are suspected, based on history and examination, these must be investigated and excluded.*

Boehringer Ingelheim DIABETES
TWYNSTA® TELMISARTAN + AMLODIPINE
Actilyse® alteplase 50 mg
FORVENT (tiotropium 18 µg)
Pradaxa® dabigatran etexilate 110 mg / 150 mg

S3 FORVENT® Capsules for inhalation. Each capsule contains 18 µg tiotropium equivalent to 22,5 µg tiotropium bromide monohydrate. Reg. No.: 36/10.2.1/0045.
S4 Pradaxa® 110 mg. Each capsule contains 110 mg of dabigatran etexilate base (as mesilate salt). Reg. No. 42/8.2/0131 S4 Pradaxa® 150 mg. Each capsule contains 150 mg of dabigatran etexilate base (as mesilate salt). Reg. No. 45/8.2/0162
S3 Twynsta® 40/5 mg tablets. Each tablet contains 40 mg telmisartan and 5 mg amlodipine base (as besylate salt). Reg. No. 44/7.1.3/0857. S3 Twynsta® 40/10 mg tablets. Each tablet contains 40 mg telmisartan and 10 mg amlodipine base (as besylate salt). Reg. No. 44/7.1.3/0858.
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S4 Actilyse® 50 mg dry (powder) substance for I.V. infusion. Each 50 ml vial contains 50 mg alteplase (recombinant human tissue-type plasminogen activator) in 2 333 mg dry substance. Reg. No. U/31/229. Actilyse® solvent. One vial of solvent contains 50 ml sterile water for injection. Reg. No. U/32.4/230. The reconstituted solution contains 1 mg alteplase per ml.
For full prescribing information refer to the package insert approved by the medicines regulatory authority. Applicant details: Ingelheim Pharmaceuticals (Pty) Ltd, 407 Pine Ave, Randburg, South Africa. Tel: +27 (011) 348-2400. Cpy. Reg. No. 1966/008618/07. BI Ref No. 144/2015 (Apr15).