

# Guidance issued on use of direct oral anticoagulants in obese

12 April 2016



concentration, and shorter half-lives with increasing weight. A drug-specific peak and trough level should be checked if DOACs are used for patients with BMI >40 kg/m<sup>2</sup> or weight >120 kg; continuation of DOAC seems reasonable if the level falls within the expected range.

"As for all cases, our statements may provide guidance but do not replace clinical judgment for the management of individual patients," the authors write.

Several authors disclosed financial ties to the pharmaceutical industry.

**More information:** [Abstract](#)  
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(HealthDay)—Recommendations have been issued for the use of direct oral anticoagulants (DOACs) in obese patients; the guideline was published online March 22 in the *Journal of Thrombosis and Haemostasis*.

Karlyn Martin, M.D., from the University of North Carolina at Chapel Hill, and colleagues reviewed the literature and developed guidance for clinicians relating to the use of DOACs in [obese patients](#).

The authors recommend appropriate standard dosing of DOACs in patients with a [body mass index](#) (BMI) up to 40 kg/m<sup>2</sup> and weight of 120 kg for treatment and prevention of [venous thromboembolism](#), and for prevention of [ischemic stroke](#) and systemic arterial embolism in non-valvular atrial fibrillation. Due to limited clinical data for patients at the extreme of weight, use of DOACs is not recommended for patients with BMI >40 kg/m<sup>2</sup> or weight >120 kg; pharmacokinetic/pharmacodynamic evidence suggests decreased drug exposure, reduced peak

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