

TEST CENTER

Test our frameworks live using multiple devices!!

Multilayered recommendations

Click on a recommendation to see:

- Top layer: the key information and rationale behind the recommendation
- Effect estimates and confidence
- Adaptation information, if any
- Practical advice

Choice of oral anticoagulation

Weak recommendation

We suggest treatment with dabigatran, rivaroxaban or apixaban rather than warfarin.

[View More Details](#)

Choice of oral anticoagulation

Weak recommendation

It is less clear whether the benefits outweigh the drawbacks. We believe there will be variation in patients preferences.

We suggest treatment with dabigatran, rivaroxaban or apixaban rather than warfarin.

[View Less Details](#)

Effect estimates

Key info

Rationale

Practical advice

Benefits and harms

None oral anticoagulants versus warfarin per 1,000 patients treated for 1 year.

Death and stroke: No significant difference

Major bleeding: Overall no relevant difference, but the number of intracranial bleeds was halved with dabigatran, resulting in a absolute risk reduction of 2 fewer per 1000 patients

Myocardial infarction: No significant difference. The exception is dabigatran, which increased the risk compared to warfarin. The absolute risk, however, is generally very low: 5/1000 with warfarin, 6/1000 with dabigatran.

Treatment discontinuation (e.g. due to side effects): 31 Interrupted with warfarin, 39 with NOAC.

Practical consequences: Daily medication with all. Regular INR controls and dietary restrictions with warfarin.

Quality of evidence

Moderate. The expected effects of NOAC compared with warfarin is taken from a systematic review with heterogeneity, and imprecise results (wide confidence intervals for death and bleeding). Dabigatran was associated with an increase in myocardial infarction and treatment discontinuation in a reliable subgroup analysis.

Preference and values

Studies on patient preferences and values have shown that the average patient is prepared to suffer three major bleeds to avoid one stroke. These studies have guided our recommendation. They are however deemed to be of low quality and there was a high degree of

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The new oral anticoagulants have equal effect to warfarin with regards to stroke reduction, they lower the incidence of intracranial bleeds and are more convenient to use. We therefore suggest the new oral anticoagulants over warfarin as first treatment of choice.

For patients that are already on warfarin therapy with stable INR values the cost/benefit ratio is similar to treatment with NOACs. We therefore suggest that patients well-established on warfarin therapy continue with this if they wish.

Puntuación CHA2DS2-VASc de 2 o más

Detail

No está tan claro si los beneficios superan claramente los inconvenientes. Esto significa que la mayoría de los pacientes elegirán el tratamiento recomendado. Sin embargo, hay una elevada posibilidad de variabilidad en las preferencias individuales.

Se sugiere el tratamiento con dabigatran, rivaroxaban o apixaban (nuevos anticoagulantes orales) frente a antagonistas de la Vitamina K (warfarina o acenocumarol)

[View Less Details](#)

PICO	Información clave	Justificación	Consejo práctico	Adaptación	Resumen	Discusión (2)
Publicación	Intervención	Comparador	Desenlaces			
Forfarios de arterial y alto riesgo de ictus (puntuación CHA2DS2-VASc de 2 o más)	Nuevos anticoagulantes orales (Inhibidores directos de la trombina)	Antagonistas de la Vitamina K (warfarina, acenocumarol)	Mortalidad, ictus, sangrados mayores			
Desenlaces	Resumen	Referencias				
Desenlaces	Calidad De La Evidencia	Efecto Relativo	Antagonistas de La Vitamina K (Warfarina, Acenocumarol)	Nuevos Anticoagulantes Orales (Inhibidores Directos De La Trombina)	Diferencia Absoluta	Participantes (Estudios, Seguimiento)
Mortalidad por cualquier causa (a 1 año)	Alta	RR 0.88 (IC 0.82 - 0.94)	63 per 1000	55 per 1000	8 menos Per 1000 (IC 11 menos - 3 menos)	44,442 (3), 2 años
Ictus isquémico (a 1 año)	Alta	RR 0.89 (IC 0.78 - 1.02)	21 per 1000	19 per 1000	2 menos Per 1000 (IC 5 menos - 0 menos)	44,442 (3), 2 años
Sangrados mayores (a 1 año)	Moderada heterogeneidad	RR 0.88 (IC 0.71 - 1.1)	57 per 1000	50 per 1000	7 menos Per 1000 (IC 17 menos - 4 más)	44,501 (3), 2 años

Decision Aids

Click on a clinical question to:

- Help the patient choose the issue they wish to discuss first
- Click an an issue to see related evidence on a decision card
- Click multiple issues to compare them side by side
- Click any number to display them as pictograms for risk communication
- Explore practical consequences about the decision.

Rivaroxaban vs. Warfarin for acute & long-term VTE

What aspect of your medication would you like to discuss next?

Choose and compare outcomes

Death Recurrent VTE Major bleeding Practical consequences

Among a 1000 patients like you, with Rivaroxaban

Outcome	Warfarin	Rivaroxaban
Recurrent VTE at 1 year	30 per 1000	21 per 1000
Major bleeding at 1 year	11 per 1000	7 per 1000

Certainty: Moderate

Among a 1000 patients like you, with Rivaroxaban

Recurrent VTE

9 fewer at 1 year

Warfarin 30 per 1000

Rivaroxaban 21 per 1000

Imprecision: Moderate

979 patients will avoid recurrent VTE

Practical Consequences

Every medication routine

Major bleeding and strokes

Average effects and outcomes

Work and career

Travel and holidays

Assessment testing and doctor visits

Food, drink and interactions

Pregnancy and nursing

Physical health

Advis, equipment and adaptation

Financial costs and support

Emotional health

Convenience of care

Evidence to recommendation frameworks

- EtD frameworks include key background information, criteria for making a decision, and conclusions.
- The iEtD enables organisations to create tailored templates for; a) EtD frameworks adapted to specific types of decisions or recommendations and remits; b) Reports generated from EtD frameworks for consultations or final reports of guidelines or decisions; c) Summaries for end-users, including clinicians, patients and policymakers.
- End-user summaries can include interactive functions, such as interactive Summary of Findings (iSoF) tables or layered information.

GRADE-MDCOS Interactive Evidence to Decision Framework

Search

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Is the problem a priority?

Values

Is there important uncertainty or variability about how much people value the main outcomes?

Certainty of effects

What is the overall certainty of the evidence of effects?

Desirable effects

How substantial are the desirable anticipated effects?

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