CONCLUSIONS

Our study shows that most obese patients utilizing apixaban for stroke prophylaxis attain recommended peak and trough ranges.

In addition to Apixaban being utilized with caution as recommended in obese patients, this study shows they can also be utilized effectively.

This study was limited by a smaller sample size.

If there is uncertainty with use of DOACs in a patient with a BMI of > 40 kg²/m² or a weight of > 120 kg, we recommend ordering a drug-specific anti-Factor Xa peak and trough level to determine course of therapy.

Larger studies are needed to determine if we can safely manage obese patients with DOACs without levels

FUTURE IMPLICATIONS

Physician can expand DOAC use in patients with higher BMI’s or weight.

Although monitoring is recommended in this patient population, physicians could be inclined to order less of peak and trough anti-Xa levels for obese patient as a standard of practice.

Future studies can improve sample size by:
- Doing a retrospective study after physicians have ordered labs as routine practice
- Adjusting recruiting methods – including patients across a large geographical area or collaborating with other health systems

REFERENCES

