

# A better blood thinner approved

By ACSH Staff — July 1, 2013

[Doctor with Chest X-ray](#)

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After years of status quo in the field of anticoagulants (blood thinners to prevent and treat vein inflammation and clotting), recent years have seen a veritable explosion of improved drugs to deal with this common and dangerous condition. Now a [new report](#) [2] describes yet another advance in therapy.

Venous thromboembolism (VTE) is a feared complication of phlebitis, inflammation with pain and clotting in a deep leg vein. It can lead to pulmonary emboli, clots moving through the venous system to the lungs, causing symptoms ranging from mild cough and shortness of breath, to sudden death. The condition is commonly associated with a variety of illnesses, including cancers and obesity, and often occurs post-operatively.

The new study is called The AMPLIFY Trial; it studied 5,395 patients with acute VTE and/or pulmonary emboli in 358 centers in 28 countries. The authors were led by Dr. Giancarlo Agnelli of the University of Perugia, Italy. Half the subjects were randomly assigned to the control/standard therapy group, who received a subcutaneously administered blood thinner for several days followed by the old standard, coumadin, for six months. The other half, the study group, received the new oral drug, apixaban (*Eliquis*, from Pfizer and Bristol-Myers Squibb) for six months.

The new drug was equally (or slightly more) effective at treating acute VTE and preventing recurrent clots than the older combination approach. However, the incidence of the most feared complication bleeding was an astounding lower among the apixaban group.

ACSH's Dr. Gilbert Ross had this assessment: Anticoagulation was done a certain way for decades from the time I was in medical school through the 1990s, heparin and coumadin were what we used, period. Then, ten or so years ago came the oral heparin, lovenox, and over the past four years new oral blood thinners were approved, including Pradaxa and Xaralto. But this drug, Eliquis/apixaban, seems to be superior and I'd expect it to soon become the standard of care in this important field: deep vein clots that break off and travel are major killers and are still under-diagnosed and under-treated.

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[2] <http://www.theheart.org/article/1557507.do>