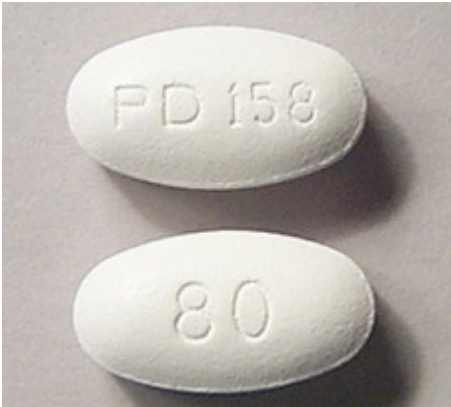


# New drugs recommended for most AFib patients, and a welcome boost for men on statins

By ACSH Staff — April 2, 2014



The recently-concluded meetings of the American College of

Cardiology included reports on a new, potential (albeit small) beneficial effect on men's sexual functioning while on statin drugs to reduce cholesterol, and updated recommendations from a consortium of heart specialty groups about treatments for patients with atrial fibrillation (AFib) to prevent strokes from emboli (blood clots travelling to the brain from the heart).

A meta-analysis of [11 randomized trials including 647 patients](#) [1] for the endpoint of self-reported adequacy of erectile function detected a slight overall improvement a clinically relevant effect, as the lead author, [John Kostis, MD](#) [2], of Rutgers Robert Wood Johnson Medical School in New Brunswick, N.J., told reporters at a press telebriefing (as noted in MedPage Today). He added, "It was about one-third of what you achieve with [phosphodiesterase] inhibitors [such as Viagra and similar drugs] and slightly bigger than what you see with of nonpharmacological lifestyle therapy," he said, noting that the study was also scheduled for release [online in the \*Journal of Sexual Medicine\*](#) [3].

ACSH's Dr. Gil Ross noted, Statins have been credited with numerous beneficial (and occasional adverse) health effects. It seems plausible that, given their effect on lowering lipids and decreasing inflammation, both of which tend to improve circulation, that ED would improve on that class of drugs. This study is far too small to be of major import, the effect found was barely significant, given the caveats of a meta-analysis. A long-term randomized, large study would help to support this theory.

Another report, actually a recommendation from [the ACC, the American Heart Association](#) [4], and other cardiology groups, advises that doctors treating patients with non-valvular atrial fibrillation the most common type and the most common arrhythmia in the general population use the newer anticoagulants to prevent clots and potentially-lethal cerebral (brain) emboli, the cause of many strokes.

For patients with nonvalvular Afib with prior stroke, TIA, or a significantly increased risk of stroke as determined by a risk-calculation algorithm, oral anticoagulants (blood thinners) are recommended and options now include warfarin, dabigatran, rivaroxaban, and apixaban. For patients with atrial fibrillation who have mechanical heart valves, warfarin is recommended and the target INR intensity (2.0 to 3.0 or 2.5 to 3.5) should be based on the type and location of the artificial valve.

The study group had this concluding commentary: The successful introduction of new anticoagulants is encouraging, and further investigations will better inform clinical practices for optimizing beneficial applications and minimizing the risks of these agents, particularly in the elderly, in the presence of comorbidities and in the periprocedural period."

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**Links**

[1] <http://www.medpagetoday.com/MeetingCoverage/ACC/45005>

[2] <http://umg.rwjms.rutgers.edu/Public/directory/doctor2.asp?doctor=596336454>

[3] <http://onlinelibrary.wiley.com/doi/10.1111/jsm.12521/abstract>

[4] <http://content.onlinejacc.org/article.aspx?articleid=1854231>