

# Anticoagulants battle

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Over a long period, anticoagulants have played a big role in the prevention of stroke, myocardial infarction, deep vein thrombosis, and pulmonary embolism. Extensive studies have continued to improve the outcome of patients with blood clots. This paper compares the three major developments of anticoagulants as well as the major competitors in this field.

Despite its effectiveness, Warfarin monitoring is a major drawback, whereby blood is tested to determine international normalised ratio (INR) for proper dosage. This makes the process of administering the drug slow and thus its effect on an individual takes time. Research shows that increased intake of Warfarin causes a decrease in bone density, which eventually leads to osteoporosis.

Pharmaceutical company Boehringer Ingelheim have solved some of the problems caused by Warfarin with the introduction of Pradaxa. Mueller states, “ Pradaxa is an oral drug that is unique in that it blocks the protein clotting thrombin” (Mueller, web). Its approval by the US Food and Drug Administration (FDA) for the prevention of stroke in patients with non-valvular atrial fibrillation was also a major development. Pradaxa blood thinner does not require frequent monitoring for (INR) but offers good results in terms of efficacy. Though Pradaxa costs ten times more than Warfarin, the cost of monitoring required in Warfarin makes it more expensive than Pradaxa. One major disadvantage of Pradaxa is that its blood-thinning effect cannot be reversed once administered unlike in Warfarin which is reversible. Since Pradaxa contains tartaric acid, it lowers the PH levels of Patients under it and in return leads to increased gastrointestinal bleeding.