DOAC-related Intracerebral Hemorrhage: Treatment Challenges and Strategies

Biography

Dr Kay-Cheong TEO graduated with Distinction in Medicine from the University of Hong Kong in 2009, and currently works as a Clinical Assistant Professor at the university. His expertise is in stroke and neurocritical care, with a research focus on intracerebral hemorrhage. Dr Teo has been the principal investigator of the intracerebral hemorrhage cohort at Queen Mary Hospital since 2013 and is currently the deputy director of the HKU Stroke research group. His current research interests include novel acute therapies for stroke, AI-driven prognostication in intracerebral hemorrhage, and strategies to optimize cardiac and cerebrovascular outcomes after stroke, especially in telemedicine. He has multiple publications relating to stroke and intracerebral hemorrhage in peer-reviewed journals, including *Stroke, Neurology*, and *International Journal of Stroke*.

Abstract

Direct oral anticoagulants (DOACs) revolutionize the management of non-valvular atrial fibrillation. Although DOACs have a better safety profile than warfarin, intracerebral hemorrhage (ICH) remains the most devastating complication of DOAC use. With the increasing use of DOAC by the aging population, DOAC-related ICH will be an increasingly common clinical encounter. This lecture will focus on two main challenges in managing DOAC-related ICH: 1) Acute management of DOAC-related ICH, and 2) Anticoagulation approach after DOAC-related ICH.

DOAC-related ICH has high mortality rates due to the rapid expansion of the hematoma. Strategies to reduce hematoma expansion, especially using specific reversal agents, such as idarucizumab and andexanet alfa, will be discussed. As for patients who survived their ICH, the topic of anticoagulation use after DOAC-related ICH remained an important medical dilemma. Updated literature and ongoing studies to address this topic will be presented.