

Re: Call for Submissions - Review of Anticoagulation Therapies in Atrial Fibrillation

Thank you for the opportunity to provide comment on the review of anticoagulation therapies in atrial fibrillation (AF).

I am a 56 year old male and was diagnosed with paroxysmal AF about 6 years ago. I have undergone two radio frequency ablation procedures but still experience AF episodes about every two weeks. The AF episodes usually last between 12 -24 hours and are very debilitating. I am currently on the highest dose of Sotalol (beta blocker) and up until about 6 months ago was taking Warfarin for anticoagulation – I am now using Pradaxa, 150 mg twice a day.

I was very relieved when the new anticoagulation drug Pradaxa was made available here in Australia as I found Warfarin to be a relatively unreliable means of maintaining a constant level of protection against stroke. From what I understand, Pradaxa offers a relatively constant level of anticoagulation regardless of diet and does not require dosage adjustments or regular INR checks. As a sufferer of AF it is a relief to know that when an episode of AF begins my INR level with Pradaxa is providing optimal anticoagulation protection 24/7.

The risks to my health as a result of an INR level over or under the optimal level is a very real to me. As with other sufferers of AF, an INR below optimal level increases the risk of stroke and an INR over optimal level increases the risk of bleeding. With a family history of strokes and brain aneurisms the risks are very high. Both my Mother and my Sister died in 2009 of brain aneurisms. As a result I found taking Warfarin to be a relatively high risk but necessary drug to take. Now Pradaxa is available, some of the anxiety of living with AF has been reduced. Over the past 6 months I have also noticed I do not bruise as much as I did with Warfarin.

I strongly urge the Government to make Pradaxa available under the PBS. From my perspective it is a better, reliable and more accurate anticoagulation drug. It may well save my life one day. Any drug that is better than its predecessor should be made available to those who need it. I am grateful for the drug company, Boehringer Ingelheim, for providing a 6 month free trial. I may not have taken the opportunity to try this new drug as the cost without PBS is substantial. Given that I have recently left the workforce (a decision made mainly for health reasons) I would find buying Pradaxa a significant expense to my family budget.

I am no expert but I would have to say that the cost to the community in terms of the number of strokes and subsequent rehabilitation, INR testing and issues associated with too thin blood levels would far outweigh the cost of providing Pradaxa on the PBS. From my experience Pradaxa is a better option for AF sufferers and should be subsidized under PBS.

If you require any further information or clarification please do not hesitate to contact me.

Yours sincerely

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