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Managing Thromboembolic Disorders with Enoxaparin: A Low Molecular Weight Heparin

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DESCRIPTION

Drug Enoxaparin is a widely used anticoagulant medication belonging to the class of anticoagulants known as Low Molecular Weight Heparins (LMWHs). It is widely used for the prevention and treatment of various thromboembolic disorders, including Deep Vein Thrombosis (DVT), Pulmonary Embolism (PE), and Acute Coronary Syndrome (ACS). Enoxaparin has gained popularity due to its efficacy, predictable pharmacokinetics, and ease of administration. In this overview, we will explore the mechanism of action, pharmacokinetics, indications, dosage, adverse effects, and precautions associated with enoxaparin.

Enoxaparin exerts its anticoagulant effects by inhibiting the activity of Factor Xa, a key enzyme in the coagulation cascade. By binding to antithrombin III, enoxaparin enhances the inactivation of both Factor Xa and thrombin, leading to a decrease in the formation of fibrin clots. This mechanism prevents the propagation of existing clots and inhibits the formation of new clots.

Enoxaparin is administered *via* subcutaneous injection and has a bioavailability of approximately 90%. It has a longer half-life compared to unfractionated heparin, allowing for less frequent dosing. The drug undergoes renal elimination, and dosage adjustments are required for patients with renal impairment. It is important to monitor anti-Factor Xa levels in specific patient populations, such as those with renal insufficiency, obesity, or pregnancy, to ensure therapeutic anticoagulation. Enoxaparin is used for a variety of clinical indications related to thromboembolic disorders.

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These include prophylaxis of DVT and PE in surgical and medical patients at risk, treatment of established DVT and PE, prevention of clotting during hemodialysis, and management of unstable angina and Non-ST Segment Elevation Myocardial Infarction (NSTEMI). It is also employed as a bridge therapy in patients transitioning from intravenous unfractionated heparin to oral anticoagulants. One of the key benefits of enoxaparin is its predictable anticoagulant response. Unlike unfractionated heparin, which requires frequent monitoring of coagulation parameters, enoxaparin has a more predictable dose-response relationship, eliminating the need for routine monitoring in most cases. This feature simplifies its administration and allows for greater convenience and flexibility in the outpatient setting.

Adverse effects

The use of enoxaparin is associated with certain adverse effects. The most common side effects include bleeding, hematoma formation at the injection site, and thrombocytopenia (reduced platelet count). Serious bleeding events may occur, particularly in patients with increased bleeding risk. Spinal or epidural hematomas have been reported in patients receiving enoxaparin in conjunction with spinal anesthesia or undergoing spinal puncture, leading to long-term or permanent paralysis. Thrombocytopenia can manifest as either a mild decrease in platelet count or a potentially life-threatening condition known as Heparin-Induced Thrombocytopenia (HIT). It is important to monitor patients closely for signs of bleeding or thrombocytopenia during enoxaparin therapy.

Precautions and contraindications

Enoxaparin should be used with caution in patients at increased risk of bleeding, such as those with active bleeding, gastrointestinal ulcers, recent stroke, or intracranial hemorrhage. It is contraindicated in patients with a history of HIT or heparin-induced thrombocytopenia with or without thrombosis. Enoxaparin is also not recommended in patients with severe renal impairment (creatinine clearance <30 mL/min) due to the risk of accumulation and increased bleeding. In patients undergoing neuraxial anesthesia or spinal puncture, enoxaparin should be temporarily discontinued to minimize the risk of spinal or epidural hematoma formation.

CONCLUSION

Enoxaparin is a widely used anticoagulant belonging to the class of low molecular weight heparins. Its mechanism of action involves inhibition of Factor Xa and thrombin, leading to anticoagulant effects. Enoxaparin is administered subcutaneously and has predictable pharmacokinetics, allowing for convenient dosing. It is indicated for the prevention and treatment of various thromboembolic disorders, and its use is associated with certain adverse effects, such as bleeding and thrombocytopenia. Close monitoring and adherence to dosage guidelines are essential for optimal therapeutic outcomes.