

PRESCRIPTIONS OF DIRECT ORAL ANTICOAGULANTS IN PATIENTS ADMITTED

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OBJETIVES

- To analyze the use of Direct Oral Anticoagulants (DOAC) and their prescription profile in the indications funded by the National Health System.

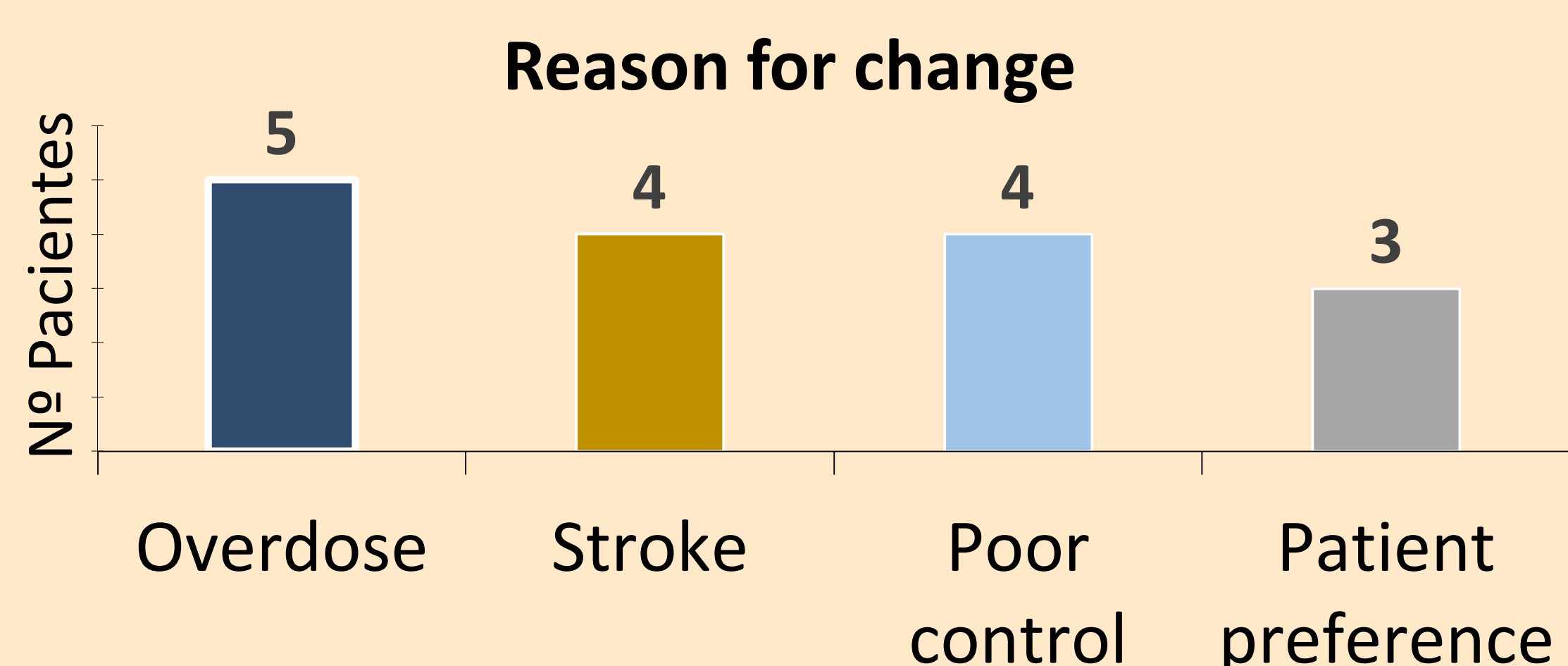
METHODS

- Retrospective observational study.
- Patients admitted in February 2017 with a prescription of apixaban, dabigatran or rivaroxaban.
- Collected data: age, sex, DOAC, previous anticoagulant and reason for change, dose, schedule, indication and creatinine level at admission and discharge.
- Data sources: electronic medical records, Primary Care prescription and hospital electronic prescription.

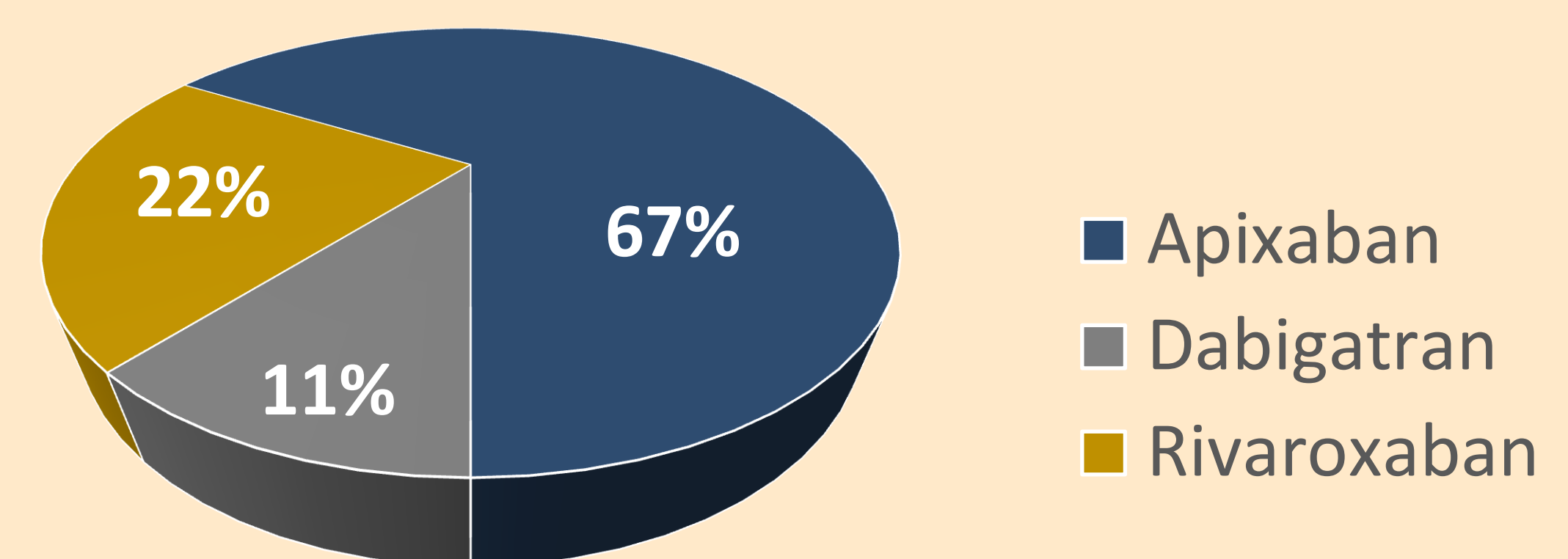
RESULTS

- 35 patients**: 51,4% female, median age of 82 years
 - ✓ 2/35: prevention of thromboembolism in knee replacement (**duration**: 34 and 49 days).
 - ✓ 33/35: prevention of stroke and embolism in patients with non-valvular atrial fibrillation (NVAF) with some risk factor.

- 16 patients previously treated with acenocumarol:



DOAC prescribed

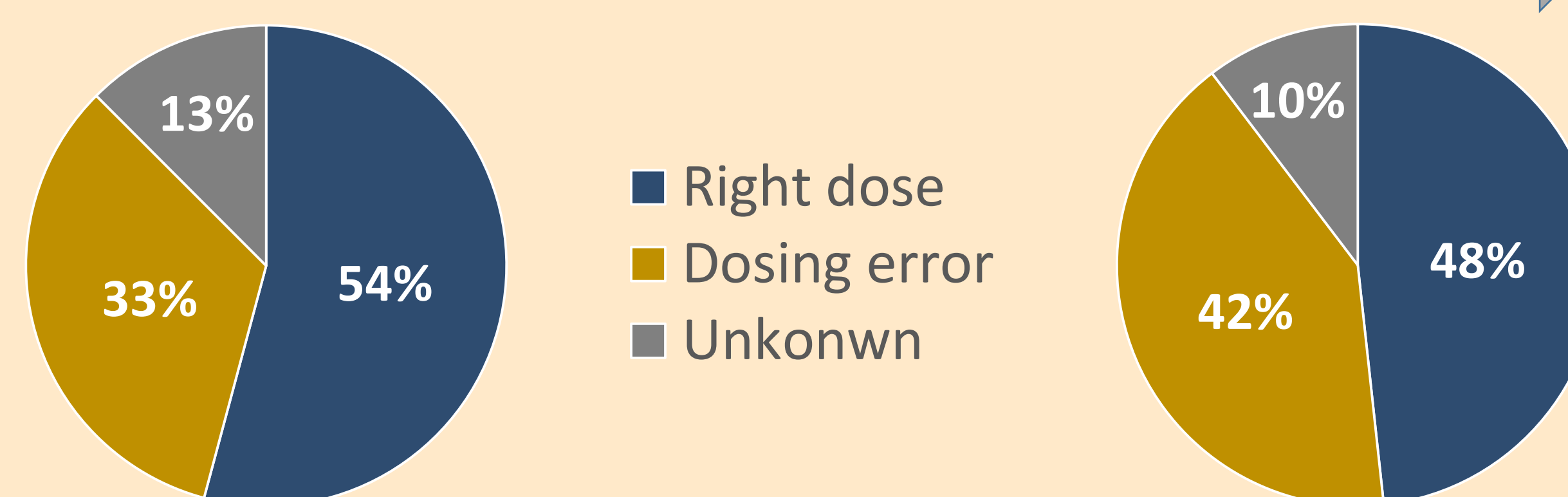


- Prevention of stroke in NVAF:

At admission		
Drug	Patients	Dosing error
Apixaban	14	5 underdosed 3 unknow weight
Dabigatran	4	1 underdosed
Rivaroxaban	6	2 underdosed

During hospitalization

9 new treatments
2 suspended treatments
2 deaths



At discharge		
Drug	Patients	Dosing error
Apixaban	23	9 underdosed 3 unknow weight
Dabigatran	3	1 underdosed
Rivaroxaban	3	2 underdosed

DISCUSSION

- DOAC treatment length in knee replace was higher than recomendado (2 weeks is the optimal duration).
- Apixaban was the DOAC most prescribed for prevention of stroke in non-valvular atrial fibrillation.
- Underdosing was the main error detected in the study, reaching more than one third of prescriptions at admission and at discharge. This could mean more thrombosis risk.
- Three patients with prescription of apixaban did not have registered weight, so it was imposible evaluate the dose.

CONCLUSIONS

- DOAC require less follow-up than classic anticoagulants, however it is necessary the optimization of dose adjustment (according to weight, age and creatinine level), the control of treatment length and the promotion of the use of these drugs for their approval indications to ensure their safety and efficiency.

