

DI-084

## ACENOCOUMAROL DRUG INTERACTIONS IN HOSPITALIZED PATIENTS

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### Objectives

To determine the frequency of concomitant prescription of acenocoumarol and levofloxacin, ciprofloxacin, fluconazole, amiodarone and clarithromycin in hospitalised patients.

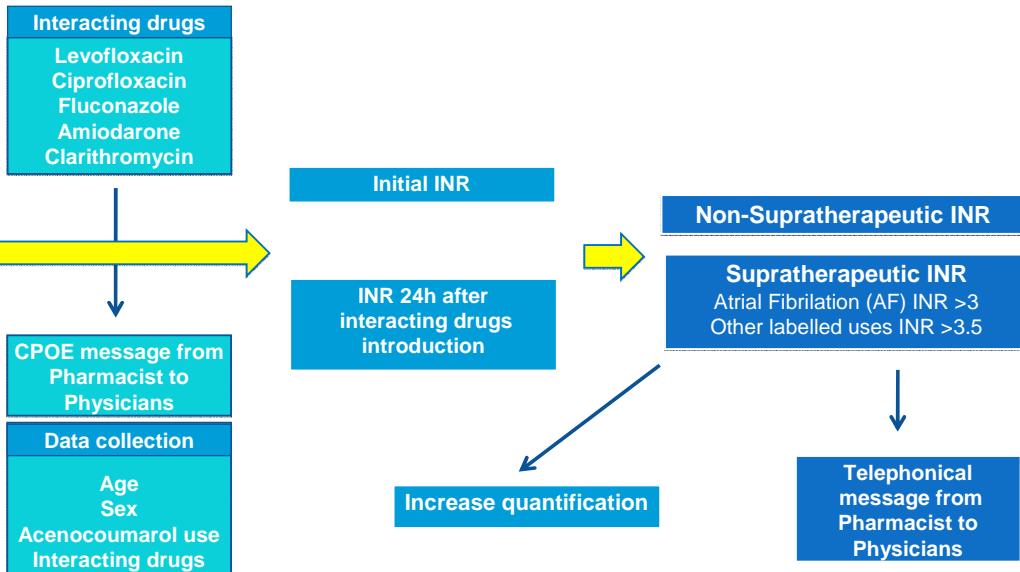
To quantify the increase of INR and determine the management of over-anticoagulation.

### Methods

1070-bed university hospital  
Computerized Physician Order  
Entry (CPOE)

Hospitalized Patients  
CHRONIC  
ACENOCOUMAROL  
TREATMENT

May 15th-June 15th 2013



### Results

61 patients:  
• 78±9.8 years  
• 30 male

Acenocoumarol  
use  
AF 86.9%  
Heart valve 8.2%  
Post-infarction 4.9%

63 interactions  
28.6% (18)  
supratherapeutic INR

Interacting drugs	Interactions detected, % (n)	Patients with increased INR, % (n)
Levofloxacin	58.7% (37)	27.0%(10)
Ciprofloxacin	7.9% (5)	60.0%(3)
Amiodarone	26.9% (17)	23.6%(4)
Fluconazole	1.6% (1)	100%(1)
Clarithromycin	4.8 % (3)	0.0%(0)

Mean INR increase 2.3 (0.5-5.6)

	Acenocoumarol discontinuing % (n)	Acenocoumarol dose reducing % (n)	Vitamine K administration % (n)
Supratherapeutical INR management	38.8% (7)	5.5%(1)	11.10%(2)

### Conclusions

The frequency of interactions is high. Levofloxacin was responsible for most cases of over-anticoagulation. Patients management consisted on discontinuing acenocoumarol, reducing its dose or administrating vitamine K.