

UTILISATION STUDY OF ORAL ANTICOAGULANTS (2008-2015) AND BLEEDINGS DUE TO ANTICOAGULANT TREATMENT (2012 – 2015)

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BACKGROUND AND PURPOSE

International guidelines have embraced the use of non-vitamin K oral anticoagulants (NOACs) for stroke prevention in atrial fibrillation. However, there is controversy regarding the risk of bleeding of NOACs compared to vitamin K antagonists.

To analyze the evolution of consumption of oral anticoagulants (OACs) (2008 - 2015) and the economic

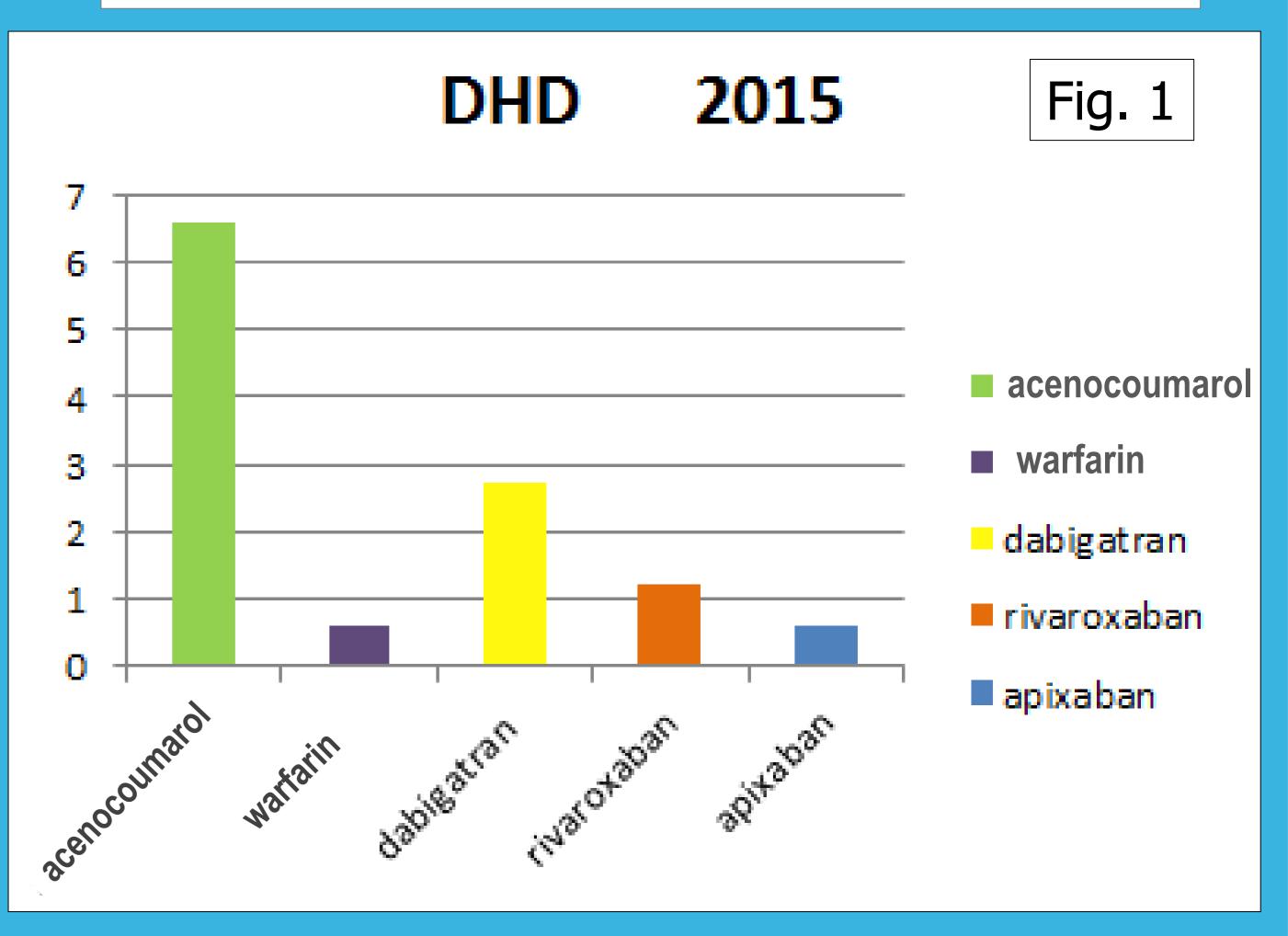
impact of the recently marketed NOACs.

MATERIAL Y METHODS

Observational descriptive study. Field of study: Two tertiary hospitals and their reference areas. The target population consisted of 666,000 people. Patients with an acenocoumarol, warfarin, dabigatran, rivaroxaban or apixaban prescription, under the National Health System coverage, were studied. The unit of measure was defined daily doses (DDD) per 1,000 inhabitants per day (DHD), using the ATC / DDD classification (2006). The number of patients who experienced ICH or GI associated to OACs prescription was studied.

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B01-ANTITHROMBOTIC AGENTS

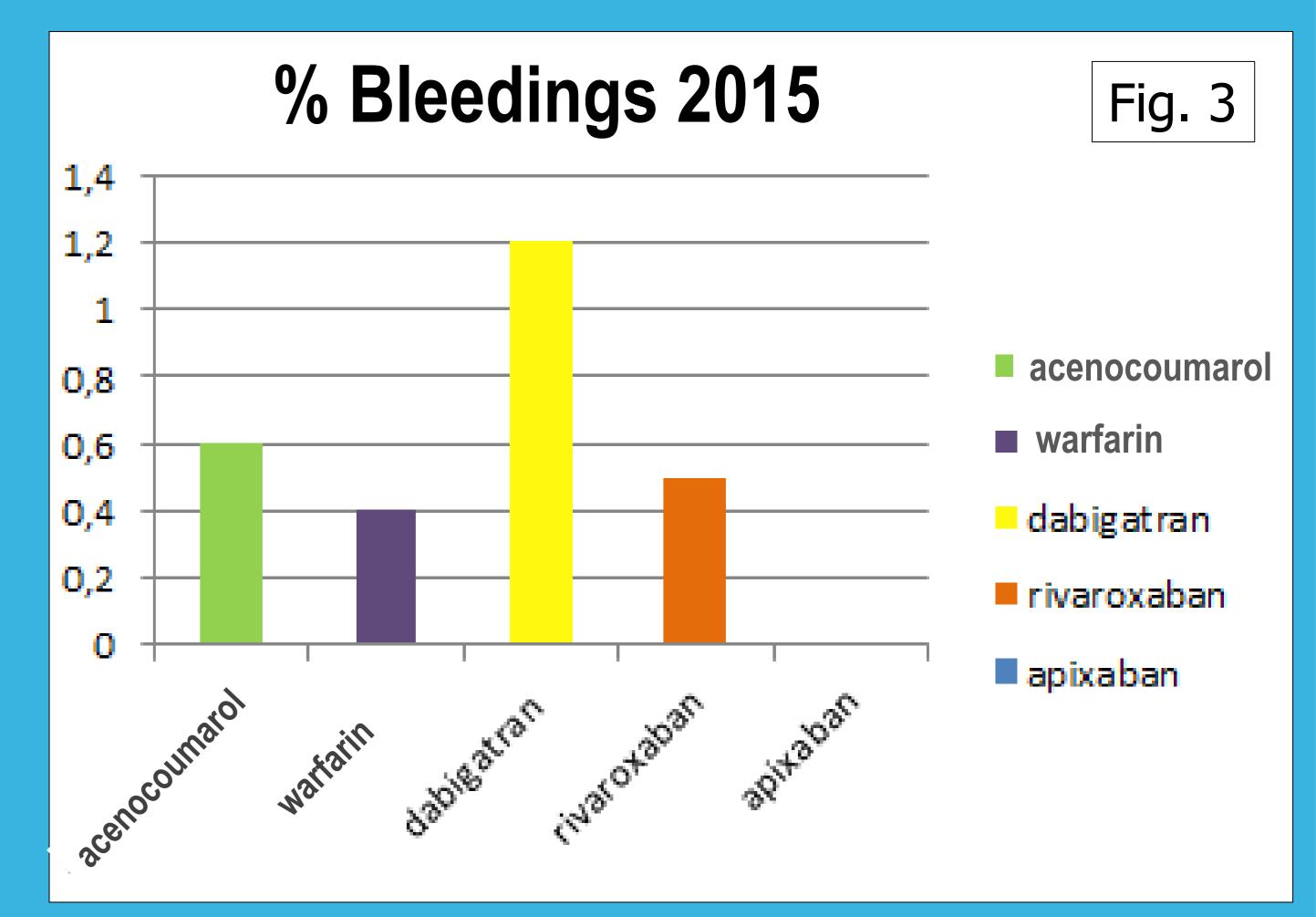


RESULTS

24,498 patients were included with a mean age of 76.7. During the study period DHD were increased by 88.9%; from 6.3 (2008) to 11.8 (2015). DHD in 2015 are shown in figure 1. Number of patients with each treatment are shown in figure 2. In 2015 (Fig. 2), 91.4% of the patients were treated with acenocoumarol (12,370) and warfarin (848); and the other 8.6% with NOACs (dabigatran 480, rivaroxaban 494 and apixaban 267). The number of patients treated with OAC increased a 44.6% during the study period, but the total expense rose a 573.8% from 232,650€ (2008) to 1,567,675€ (2015). Between 2012 and 2015, the number of patients with

Medicamento	n
ACENOCOUMAROL	12370
APIXABAN	267
DABIGATRAN	480
RIVAROXABAN	494
WARFARINA SODICA	848
Total	14.459

Fig. 2



major bleedings was respectively: 146, 136, 128 and 121. Associated to NACOs: 2, 8, 10 and 12, respectively. In 2015 0.7% of patients with NACOs experienced major bleedings vs. 0.6% of patients treated with warfarin and acenocoumarol. Percentages are shown in Figure 3.

CONCLUSIONS

The consumption of OACs has increased notably. However, overall expenditure in oral anticoagulant medications grew particularly due to the introduction of NOACs in the market, even though our data did not show a favorable safety profile with respect to bleeding.