ORAL ANTICOAGULANT PRESCRIPTION PRATICE AFTER AN ISCHEMIC STROKE

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Background /Objective:

New HAS Guidelines in 2018

Comparison

Stroke Unit Practices

Compare the practices to the actual guidelines

HAS guidelines updated in 2018: https://www.has-sante.fr/portail/upload/docs/application/pdf/2014-09/avc_recommandation_2014-09-25_13-08-18_537.pdf

Materials and methods :

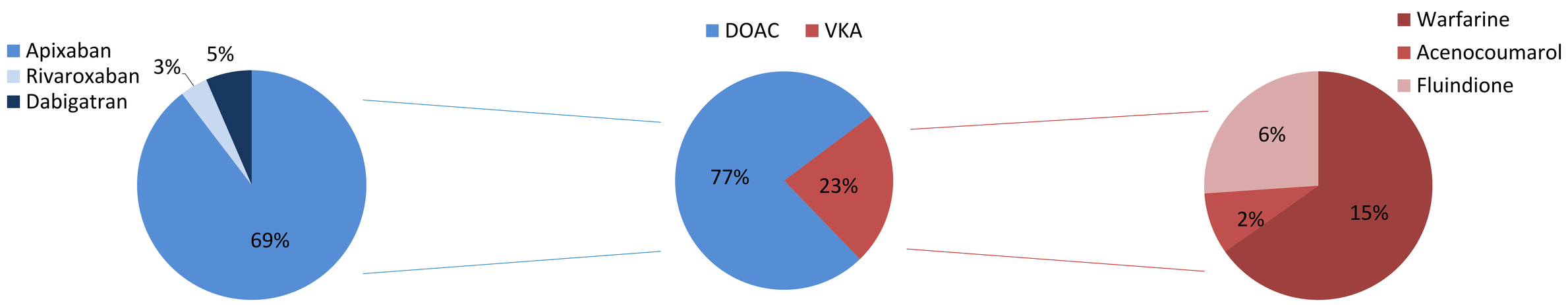
- Retrospective study from January to August 2018.

Extraction of oral anticoagulant (OAC) prescription in the Neurology department → **Investigation for the diagnostic of ischemic stroke** → **Evaluation of the prescription compared with the French national guidelines**

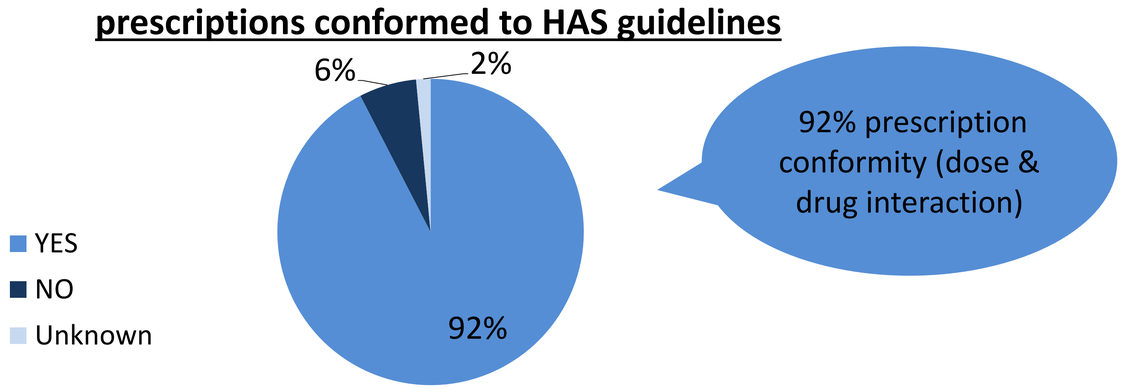
Results/Discussion :

- 86 patients were included with a mean age of 72.6 ± 14.5 years old, they were 49% female and 31 % patients had an OAC before the hospitalization

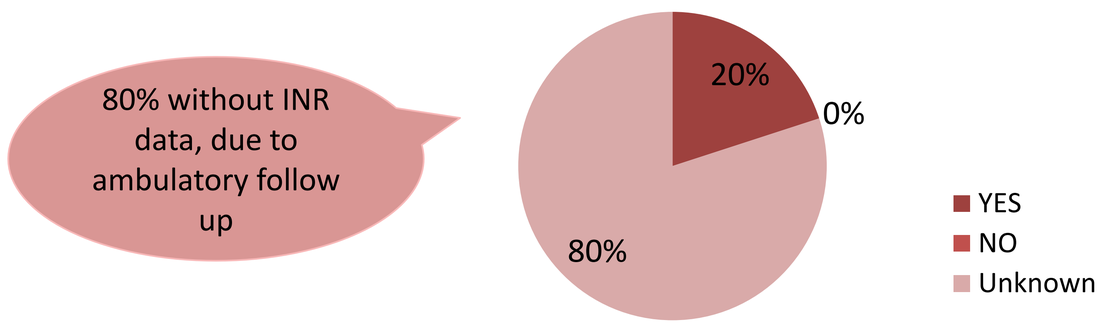
Proportion of OAC prescriptions (n=86)



Proportion of direct-acting oral anticoagulant (DOAC) prescriptions conformed to HAS guidelines



Proportion of vitamin K antagonist (VKA) prescriptions conformed to HAS guidelines



Indication of the OAC prescriptions

[1] For Proven AF: mean CHA2DS2-VASC:= 4,93 ± 1.36

[2] For AF suspicion: mean theoretical CHA2DS2-VASC = 4.82 ± 1.67

OAC indication	VKA	DOAC	Total	In HAS guidelines
Proven atrial fibrillation (AF)[1]	8	45	54 (62%)	YES
AF suspicion[2] (No other causes identified)	3	14	17 (21%)	NO
Permeable foramen ovale (PFO)	0	6	6 (7%)	YES
Mechanical heart valve	4	0	4 (5%)	YES
Others causes non related with the patient's stroke (phlebitis, pulmonary embolism)	1	1	2 (2%)	Non related
Antiphospholipid syndrome (APS)	2	0	2 (2%)	No guidelines
Carotid dissection	0	1	1 (1%)	YES (case by case)
Total	18	67	86	

Clinical arguments found in patients with AF suspicion (multiple clinical arguments can be found in one patient)

	VKA	DOAC	Total
Atrial hyper excitability	2	7	9 (59%)
Dilated left atrium	1	7	8 (47%)
Background of ischemic stroke in patient undergoing antiplatelet therapy	0	4	4 (23%)
Multiple strokes	0	3	3 (18%)
Under diaphragmatic infarct	0	2	2 (12%)

Conclusion:

Concerning mechanical heart valve, neurologists follow the HAS guidelines. For PFO, neurologists use DOAC before closure or in long term treatment (Contraindication or patient refusing surgical intervention) with HAS mentioning only "antithrombotic" treatment.

No guideline have been given for APS because of lack of evidence to prove superiority of OAC compared to antiplatelet.
Even though HAS gave no recommendation concerning OAC prescription in patients with an AF suspicion, neurologists prescribe it to prevent relapse stroke risk due to possible paroxysmal AF. A Holter-monitoring is prescribed after discharge to decide upon the continuation of OAC at the neurologist's follow-up visit. This practice should be investigated further to prove its efficiency.