

DRUG RELATED PROBLEMS SECONDARY TO HEPARIN TREATMENT IN PATIENTS DISCHARGED FROM THE EMERGENCY DEPARTMENT

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BACKGROUND AND IMPORTANCE

It is a common practice to discharge patients from the emergency department (ED) with low-molecular-weight-heparin (LMWH). But there is limited knowledge of the risk factors associated with drug related problems secondary to heparin treatment in patients discharged from ED.

AIMS AND OBJECTIVES

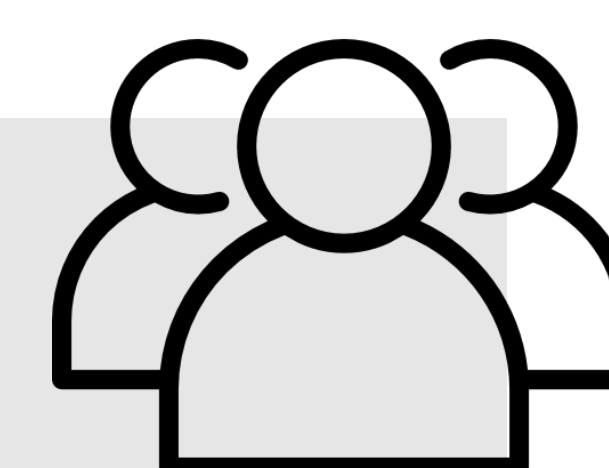
To assess drug related problems secondary to heparin treatment in patients discharged from ED including bleeding and thromboembolic episodes.

MATERIALS AND METHODS

- **Type of study:** Retrospective observational.
- **Hypothesis test used:** Ji-square or Fisher test.
- **Who was included?** Adults patients discharged from ED with LMWH were included (February to April 2022)

Study variables

- Comorbidities of the patient
- Number of drugs at discharge
- Drugs that may be related to bleeding episode
- Length of treatment
- 30-day ED revisits.



What was studied? The association between 30 days ED revisits, comorbidities and patient treatment.

RESULTS

N= 90 patients

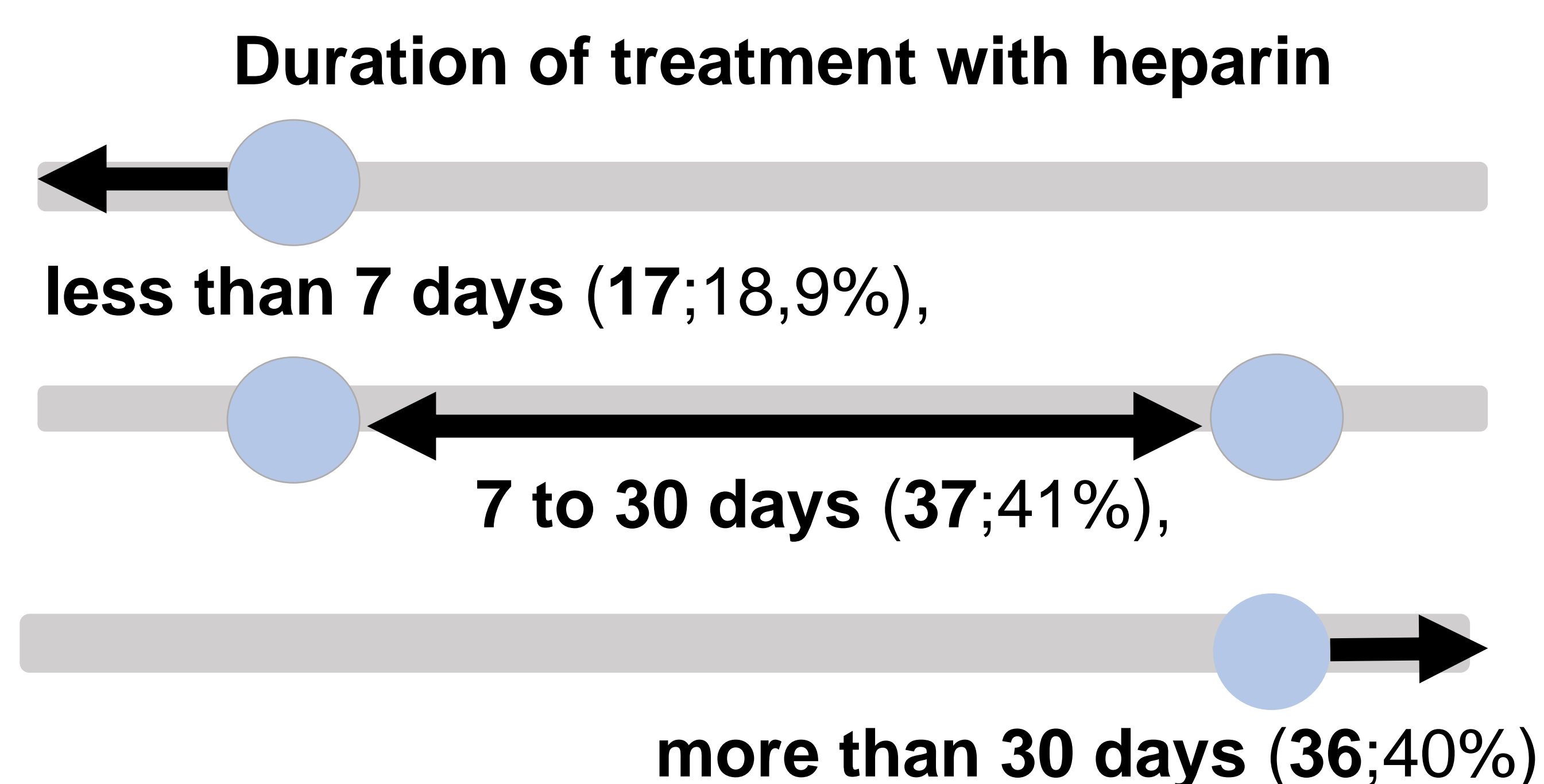
- Mean age **73.1 years** (SD 16.2)
- Females **46** (51,11%)

Reason for anticoagulation with LMWH

Prophylaxis
7; 7,8%

Atrial fibrillation
32; 35,6%

Thromboembolism
51; 56,67%



Of the 90 patients → **5 came back**

- 3 due to haemorrhage
- 2 due to thromboembolism

A **greater tendency to return to the ED** once discharged at 30 days was observed in:

- **Patients over 80 years old** (10.5% vs. 1.9%; p=0.158)
- **Patients >10 drugs** (10% vs. 2%; p=0.167).

CONCLUSIONS

About a 5% of patients who were discharged with heparin from ED returned after 30 days due problems as bleeding or thromboembolism, more frequently in patients over 80 years old and polypharmacy.

