

ANTICOAGULANT THERAPY IN CHRONIC COMPLEX PATIENTS WITH ATRIAL FIBRILLATION

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Objectives

Our aim was analyze the treatment in chronic complex patients (PCC) with non-valvular atrial fibrillation (NVAf) admitted to internal medicine unit(MI).

Methods

Transversal study of PCC diagnosed with NVAf admitted to the MI unit, with at least 2 hospital admissions in the last year and 2 or more chronic diseases according to Charlson index.

The study period was 7 months during the rotation of two hospital pharmacist in the MI unit.

Epidemiological, clinical, and pharmacological data were analyzed.

Data was treated in a codified way to respect the confidentiality.

Results

73 PCC were evaluated. Median age 83 years (66-95), 38 women (52.1%).

Risk factors: hypertension (90.4%), dyslipidaemia (65.7%), diabetes mellitus (61.6%) and heart failure (60.2%).

Reason for the non-anticoagulation of the 12 patients without treatment was the previous hemorrhages, with HAS-BLEED > 3 points.

61 patients (83.6%) were treated with oral anticoagulants; of whom 19 were also anti-aggregated. 23 (37.7%) were treated with DOAC (10 apixaban, 7 dabigatran, 5 rivaroxaban, 1 edoxaban). The remaining 38 (62.3%) were treated with anti-vitamin K.

100% patients had a CHA2DS2VASc >2 points.

Main differences between anticoagulated patients and those without, was the percentage of diabetes mellitus (70.5% vs 41.7%) and heart failure (65.6% vs 33.3%).

Conclusions

- ✓ Our data shows that most of PCC diagnosed with NVAf were treated with anticoagulants.
- ✓ All patients had CHA2DS2VASc score needed for anticoagulant treatment.
- ✓ 37.7% of the patients were being treated with DOAC.
- ✓ Comorbidities observed are in line with other studies conducted in NVAf.
- ✓ Main causes of non-anticoagulation were previous hemorrhages.

