Initiation of oral anticoagulant therapy (OAT) with acenocoumarol in two internal medicine departments: a practice survey

Zaugg C1, Amos V1, Fournier C2, Reymond J-Ph1, Lovey P-Y2, Beney J1

1Pharmacy, Institut Central des Hôpitaux Valaisans, Sion, Switzerland
2Centre Hospitalier du Centre du Valais (CHCVs), Sion, Switzerland

1. Introduction
Initiation of OAT is challenging due to a narrow therapeutic window and considerable individual dose responsiveness. In case of venous thromboembolism (VTE), a rapid anticoagulation effect is needed and the concurrent administration of unfractionated or low molecular weight heparin (UFH, LMWH) is required until the International Normalized Ratio (INR) has been in the therapeutic range (in our study between 2 and 3) for at least two days (stabilized OAT) [1].

2. Objective
In our setting, OAT is initiated empirically and adapted according to INR. Our objective was to survey the present practice, during hospitalization and at discharge.

3. Setting
Centre Hospitalier du Centre du Valais (CHCVs), Sion, Switzerland.

4. Study design
Retrospective cohort study (01.06.2005 to 31.05.2006). Patients were included if the target range of therapeutic INR was between 2 and 3.

5. Main outcome measures
1. number of patients with stabilized OAT or concomitant UFH/LMWH prescription at discharge
2. time to stabilize OAT
3. occurrences of INR ≥4
4. number of hemorrhages

6. Results
- There were 10 occurrences of INR ≥ 4. Half of these elevated INR values were between 4 and 4.9, the other 5 INR values were between 5.1 and 8.3.
- 2 patients had an haemorrhage (1 therapeutic, 1 elevated INR at 5.1). In 1 of these 2 patients the OAT was stopped definitively.

7. Conclusion
Most patients (68.5%) were discharged either with a stabilized OAT or with UFH/LMWH associated. There is room for improvement for patients treated for pulmonary embolism and deep vein thrombosis: 6 patients with VTE were not adequately anticoagulated at discharge. Application of official recommendations regarding the time span of concomitant use of UFH or LMWH at the initiation of OAT for different indications must be reinforced.

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