

RISK FACTORS ASSOCIATED WITH RE-ADMISSION TO THE EMERGENCY DEPARTMENT, IN PATIENTS WITH PREVIOUS GASTROINTESTINAL HAEMORRHAGE SECONDARY TO ORAL ANTICOAGULANT THERAPY



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Background and importance

Several studies have analyzed the risk factors for admission to emergency department (ED) due to gastrointestinal hemorrhages (GH) related to oral anticoagulant therapy (OAT). However, the effect of treatment modification at discharge over re-admission rates and short-term mortality remains unknown

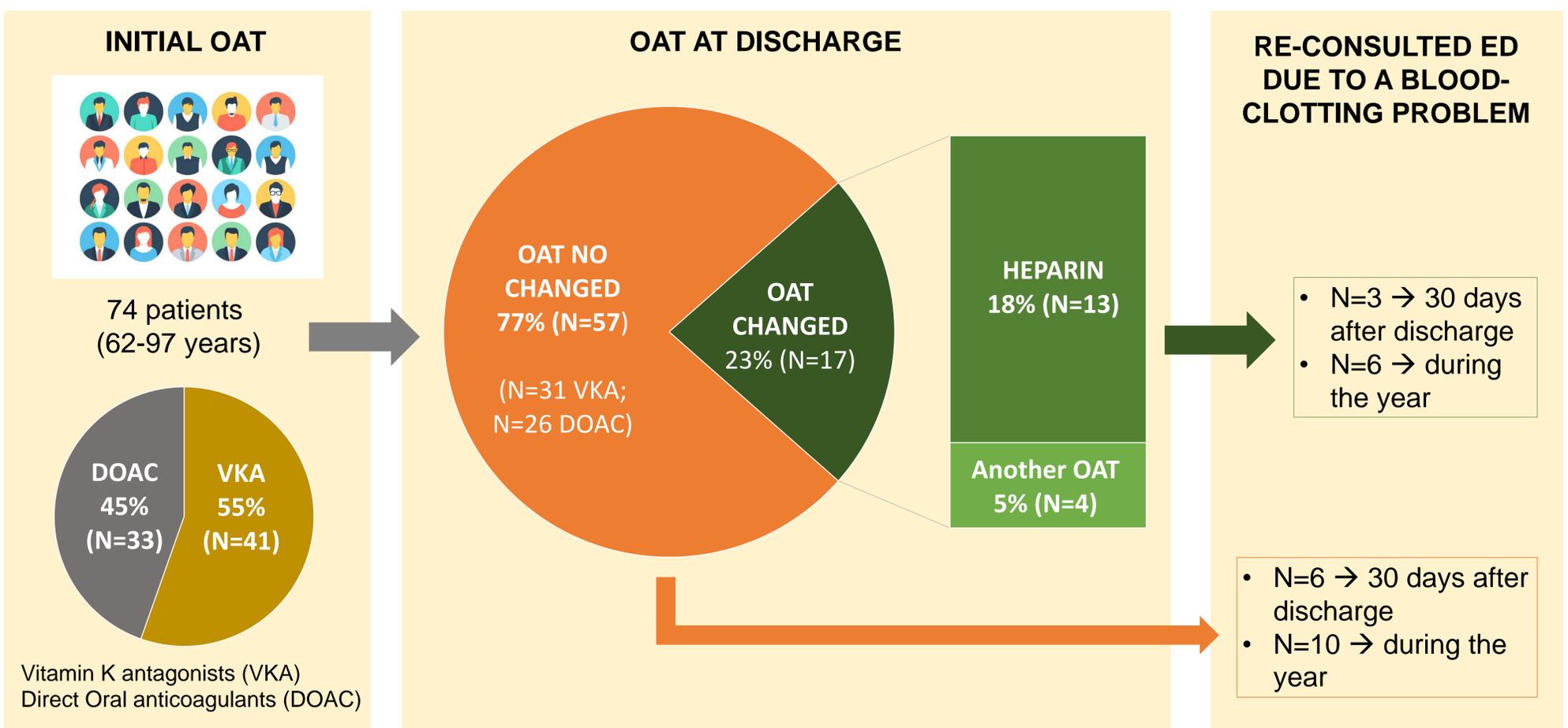
Aim and objectives

Describe the frequency and the risk factors associated with re-admission rates to ED in patients with previous GH secondary to OAT at 30 days and a year after discharge and its mortality.

Materials and Methods

- Retrospective observational study conducted in a tertiary hospital.
- Adult patients treated with OAT who consulted ED due to coagulation disorder were included (January 2017-June 2019).
- Multivariate analysis was designed, including clinical variables with a value of $p < 0.2$ in a previous univariate analysis.
- The factors analyzed included age, sex, comorbidities (chronic renal failure (CRF), heart failure, diabetes, hypertension, dementia, cirrhosis) and concomitant treatment (AINE, antiplatelet therapy, IBP).

Results



- Treatment modification at discharge does not affect re-admission rates at day 30. (17.7% vs 10.5%; $p=0.422$)
- No patients died linked with OAT problem.
- Being treated with DOACs tends to protect against re-consulting during the first year after discharge OR:0.47 (0.15-1.11).
- CRF was the only variable associated with 30 day re-admission OR:3.10 (1.02-9.41)
- Taking antiplatelet therapy tends to increase the risk of re-admission in the first year OR:2.44 (1.07-8.41).

Conclusion and relevance

- DOACs could play a protect role against re-consulting.
- CRF and antiplatelet therapy tend to increase the risk of re-admission at 30 days and in the first year after discharge.
- Bigger data is needed to confirm our results.



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