



CLINICAL AND ASSISTED IMPACT OF ISCHAEMICAL ICTUS IN PATIENTS TREATED WITH ORAL ANTICOAGULANTS

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BACKGROUND

Anticoagulants are one of the therapeutic groups most frequently involved in Drug-related Problems (DRPs) assisted in the Emergency Services. However, the therapeutic management and the assistance impact of those anticoagulated patients who suffer a stroke episode remain unknown.

PURPOSE

Describe the therapeutic management as well as the healthcare impact of patients with atrial fibrillation in treatment with oral anticoagulants (OACs) admitted in the emergency services due to a thromboembolic stroke.

MATERIAL AND METHODS

Retrospective observational study (January 2017-June 2019)

Describe

Atrial fibrillation in treatment with OACs who came to the Emergency Department for thromboembolic strokes

- ✗ Anticoagulants dosing prior to the stroke episode.
- ✗ Rankin scale and NIHSS at admission and discharge
- ✗ Anticoagulant treatment after the episode
- ✗ Nº of consultations to the emergency department in the year after hospital discharge

RESULTS

32 Patients

Mean age=75.2 (11.8) years

22 (68.7%) VKA; 10 (31.2%) DOACs

mRs scale prior stroke: 11 (34.4%) 0, 6 (18.8%) of 1, 13 (40.6%) 2, 2 (6.2%) > 2

	Admission
NIHSS (Median, IQR)	14 (RIQ: 10-20)
INR <2 (VKA)	13 (59.1%)
Lower dose than recommended (DACO)	5 (50.0%)

	Discharge
NIHSS (Median, IQR)	1 (RIQ: 0-7)
Exitus	5 (15,6%)
Change to other ACO	17 (62.9%)
Increase dose	2 (7.4%)
Remove ACO	2 (7.4%)

- ✗ 15 (55.5%) patients re-consulted during the year after discharge
- ✗ 7 (46.6%) events directly related to ACO

CONCLUSIONS

- ✗ A significant percentage of patients treated with oral anticoagulants suffering from cardioembolic strokes are **underdosed**.
- ✗ **Consultations** to the Emergency Services after discharge are frequent in this group of patients.