Anticoagulation therapy in hemodialysis – the experience of a clinical pharmacist
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Introduction: Atrial fibrillation (AF), thromboembolism and maintaining patency of vascular access site may indicate the use of anticoagulation (AC) for patients who need hemodialysis (HD), however the uremic condition itself can increase the risk of bleeding complications.
- In HD patients the risk to benefit trade-off between stroke prevention and bleeding risk is conflicting and clinical guidelines vary in their recommendations.
- Polypharmacy may results in adverse patients outcome.

Objective: The goals of our research were:
- to assess the outcomes of AC therapy
- to study potential adverse interaction of the prescribed medications in HD patients

Method:
- retrospective, cohort study at Dialysis Unit in Szent Margit Hospital, Budapest, Hungary.
- patient’ s chart review and personal interview
- drug interaction checker by Medscape drug reference database

Demography:
- Number of patients (n): 101 (55 male, 46 female)
- Mean age (± SD): 69 (± 12) years
- Mean duration of hemodialysis: 31 months /IQR :45 months/

Results

Conclusions
Unavoidable heparinization, special dietary prescriptions, large number of medications necessary for comorbidities and the huge number of drug interactions make the therapy of dialysis patients very difficult.
The task of the clinical pharmacist is to regularly check medication therapy, unreveal contraindications to decrease their occurrence, which may lead to optimize medication, reduce polypharmacy and medication related problems in hemodialysis patients.