DRUG RELATED PROBLEMS SECONDARY TO HEPARIN TREATMENT IN PATIENTS DISCHARGED FROM THE EMERGENCY DEPARTMENT

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BACKGROUND AND IMPORTANCE

It is a common practice to discharge patients from the emergency department (ED) with low-molecular-weight-heparin (LMWH). But there is limited knowledge of the risk factors associated with drug related problems secondary to heparin treatment in patients discharged from ED.

AIMS AND OBJECTIVES

To assess drug related problems secondary to heparin treatment in patients discharged from ED including bleeding and thromboembolic episodes.

MATERIALS AND METHODS

• Type of study: Retrospective observational.
• Hypothesis test used: Ji-square or Fisher test.
• Who was included? Adults patients discharged from ED with LMWH were included (February to April 2022)

What was studied? The association between 30 days ED revisits, comorbidities and patient treatment.

RESULTS

N= 90 patients

- Mean age 73.1 years (SD 16.2)
- Females 46 (51,11%)

Reason for anticoagulation with LMWH

Prophylaxis 7; 7,8%
Atrial fibrillation 32; 35,6%
Thromboembolism 51; 56,67%

Duration of treatment with heparin

less than 7 days (17;18,9%),
7 to 30 days (37;41%),
more than 30 days (36;40%)

Of the 90 patients 5 came back

3 due to haemorrhage
2 due to thromboembolism

A greater tendency to return to the ED once discharged at 30 days was observed in:
- Patients over 80 years old (10.5% vs. 1.9%; p=0.158)
- Patients >10 drugs (10% vs. 2%; p=0.167).

CONCLUSIONS

About a 5% of patients who were discharged with heparin from ED returned after 30 days due problems as bleeding or thromboembolism, more frequently in patients over 80 years old and polypharmacy.