

MONITORING OF PRESCRIPTIONS ON PROPHYLAXIS OF VENOUS THROMBOEMBOLISM (VTE) IN MEDICAL PATIENTS IN BEATRIZ ÂNGELO HOSPITAL

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INTRODUCTION

VTE is an important public health problem because of its impact in terms of morbidity, mortality and associated costs (1). VTE prevention is a priority strategy to improve patient safety (2). More than half of all hospitalized patients are at risk of VTE. Previous studies have reported overall VTE prophylaxis rates ranging from 13% to 64% (3). Although the percentage of patients at risk of VTE is higher in surgical patients, this population has a higher prescription rate when comparing to medical patients who have a lower rate of VTE prophylaxis prescriptions (3).

PURPOSE

To assess the risk of VTE in patients hospitalized for medical pathologies using the Padua score (if score > 4, risk of VTE). To classify patients according to prescription, risk factors (RF) and contraindication (CI). To verify the use of a VTE risk assessment model.

To create a computer application with the Padua score and integrate it into the prescription program.

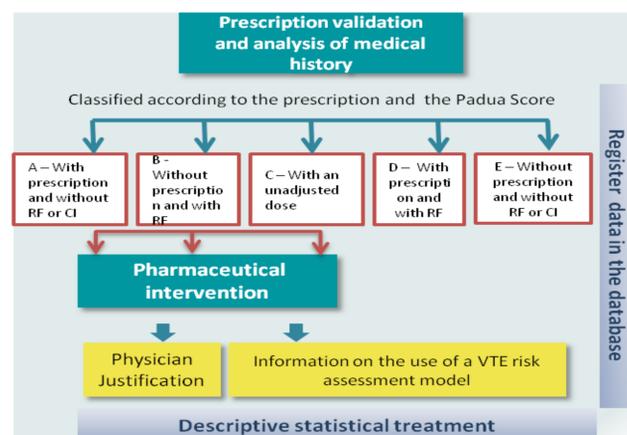
METHODS

Descriptive observational study during the month of September in medical patients admitted with age ≥18

years. All patients with anticoagulant doses prescribed were excluded. Patients were classified according to the Padua score, Low Molecular Weight Heparin (LMWH) prescription and contraindications in 5 populations:

- (a) with prescription and without RF or CI;
- (b) without prescription and with RF;
- (c) with an unadjusted dose;
- (d) with prescription and with RF;
- (e) without prescription and without RF or CI.

Pharmaceutical intervention was performed in patients classified in (a), (b) and (c). The pharmaceutical intervention, medical justification and information on the use of a VTE evaluation model were recorded.

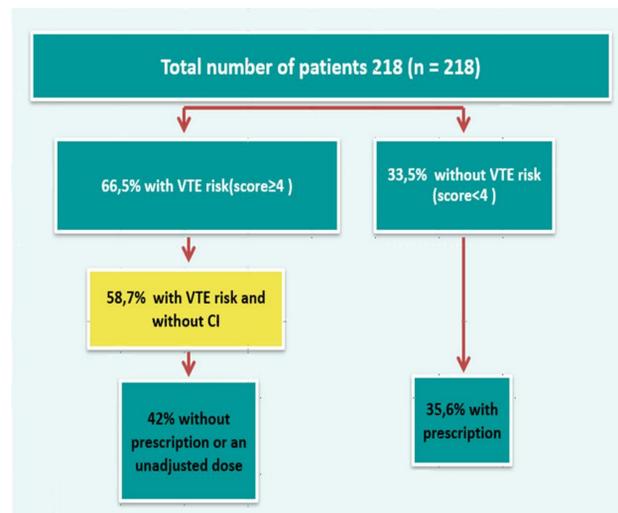


RESULTS

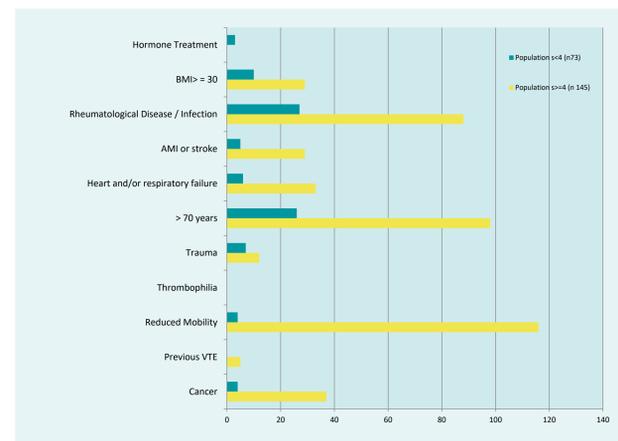
Of the total number of patients (218), 66.5% had a risk of VTE. From these, 58.7% had no CI for pharmacological prophylaxis.

Of the 58.7%, 42% did not have prophylaxis prescription or had a misfit dose prescribed. Of the population without risk of VTE 35.6% have a prescription of prophylaxis.

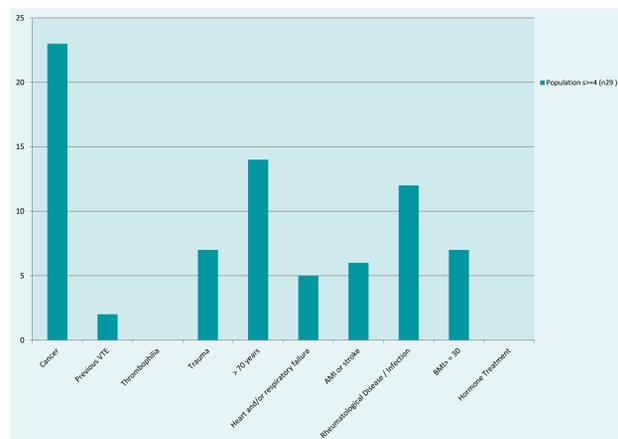
Of the population with cancer and at risk of VTE, 39% did not have prophylaxis whereas in the population at risk of VTE and without cancer, 18% had no prescription. A pharmaceutical intervention was performed in 81% of the prescriptions with an acceptance rate of 29%.



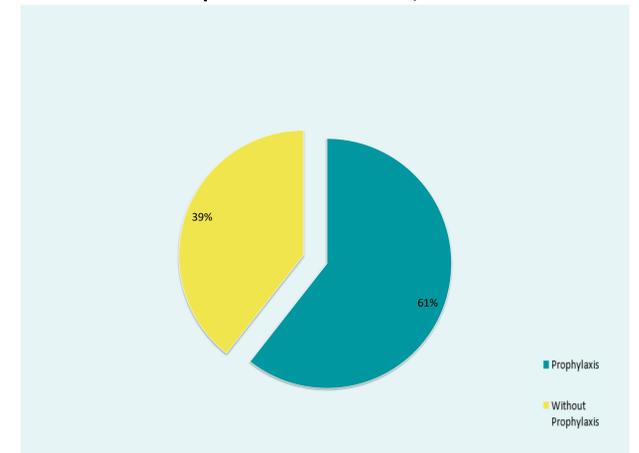
Risk Factors



Risk Factors - Excluding Reduced Mobility

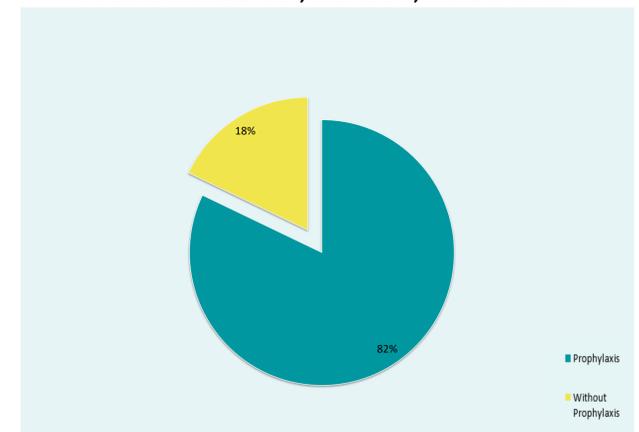


Cancer patients with score ≥4, without CI



Statistically significant sample, α=5%, IC=95%

Patients with score ≥4, without CI, without cancer



Statistically significant sample, α=5%, IC=95%

CONCLUSIONS

According to the results, it was concluded that 42% of the patients did not have prophylactic prescription or had an unadjusted dose. In patients with score ≥4 and without CI, the prophylaxis percentage is lower in cancer patients. The vast majority of physicians still do not use a VTE risk assessment model. The computer application with Padua score was presented to physicians.

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