

Initiation of oral anticoagulant therapy (OAT) with acenocoumarol in two internal medicine departments: a practice survey

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1. Introduction

Initiation of OAT is challenging due to a narrow therapeutic window and considerable individual dose responsiveness. In case of venous thromboembolism (VTE), a rapid anticoagulation effect is needed and the concurrent administration of unfractionated or low molecular weight heparin (UFH, LMWH) is required until the International Normalized Ratio (INR) has been in the therapeutic range (in our study between 2 and 3) for at least two days (stabilized OAT) [1].

2. Objective

In our setting, OAT is initiated empirically and adapted according to INR. Our objective was to survey the present practice, during hospitalization and at discharge.

3. Setting

Centre Hospitalier du Centre du Valais (CHCVs), Sion, Switzerland.

4. Study design

Retrospective cohort study (01.06.2005 to 31.05.2006). Patients were included if the target range of therapeutic INR was between 2 and 3.

5. Main outcome measures

1. number of patients with stabilized OAT or concomitant UFH/LMWH prescription at discharge
2. time to stabilize OAT
3. occurrences of INR ≥ 4
4. number of hemorrhages

6. Results

- 69 patients were included.
- 47 patients (68.5%) were discharged either with concomitant UFH/LMWH (8 patients) or stabilized OAT (39 patients) (figure 1).
- Time to stabilize OAT was 6.5 ± 2.3 days for the latter group.
- 21 patients (30.4%) left hospital without stabilized OAT and without prescription of concomitant UFH/LMWH (figure 1) while at least 6 (8.7%) among them had an indication for it (4 pulmonary embolism and 2 deep vein thrombosis) (table 1).
- OAT was stopped in 1 patient (figure 1).

- There were 10 occurrences of INR ≥ 4 . Half of these elevated INR values were between 4 and 4.9, the other 5 INR values were between 5.1 and 8.3.
- 2 patients had an haemorrhage (1 therapeutic, 1 elevated INR at 5.1). In 1 of these 2 patients the OAT was stopped definitively.

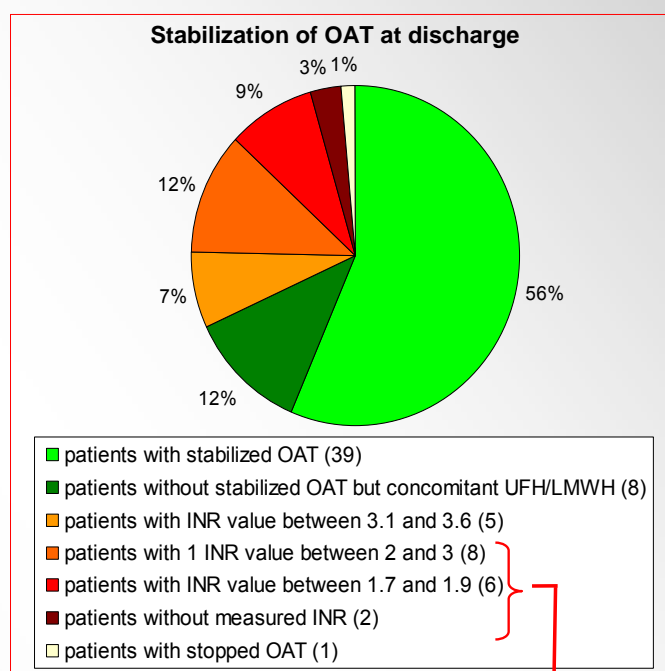


Figure 1 – Stabilization of OAT at discharge

Indication	number of patients
pulmonary embolism	4
deep vein thrombosis	2
atrial fibrillation	6
atrial flutter	3
prosthetic aortic valve	1

Table 1 – Indications of OAT of patients without stabilized OAT and no UFH/LMWH at discharge

7. Conclusion

Most patients (68.5%) were discharged either with a stabilized OAT or with UFH/LMWH associated. There is room for improvement for patients treated for pulmonary embolism and deep vein thrombosis : 6 patients with VTE were not adequately anticoagulated at discharge. Application of official recommendations regarding the time span of concomitant use of UFH or LMWH at the initiation of OAT for different indications must be reinforced.