

OP33.2

Validation of an abacus to optimize the dose adjustment of anticoagulants (warfarin and fluindione) among patients with an INR goal between 2 and 3

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Aim: To validate the use of an abacus for the dose adaptation of anticoagulants

Background: Vitamin K antagonists (VKA) remain well ahead in the prescriptions of oral anticoagulants. In practice, the dose adjustment by doctors remains empirical.

In France, a network named "GRANTED" offers adaptation algorithm, validated by the High Authority of Health.

We realized a dose adjustment abacus for fluindione and warfarin from this algorithm.

Methods: A prospective, multicenter study, in which INR from two groups of patients were compared: one group of patients whose doctors used the abacus, and another group of patients whose doctors didn't.

Doctors have been contacted by social networks.

Doctors following the abacus had information on its use.

Patients included were taking fluindione or warfarin with a INR goal between 2 and 3. They were followed for a period of three months.

Primary endpoint: INR Time in Therapeutic Range (TTR) for patients requiring at least one change during the course of the study.

Results: 31 patients from the group using the abacus (201 INR) and 27 patients in the group not using the abacus (176 INR)

TTR from the group the chart: 70.1% TTR in the other group: 65.9%. ($p = 0.001$)

100% of physicians using the abacus felt that the chart had been an aid in daily practice. 83.3% found it easy to use.

Conclusion: Using the abacus, the TTR is lengthened, compared to usual adaptation practice. This support can be validated. Currently in paper form, a website "AVKclic" is under development and may be online before June 2016.