

PS2.175

Adequate prescription of anticoagulant direct action in a health area of Andalusia, Spain

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Background & Aim: Atrial fibrillation (AF) is the leading cause of death from stroke in Spain and Europe. Its prevalence; 4.4% increase with age (18% > 80 years). 75% of FA should anticoagulate. The Ministry of Sanidad / Spanish Consumption (IPT) wrote ACOD indications and contraindications. In Andalusia a visa for your prescription is required.

Method: Descriptive retrospective observational study. ACOD patients (thromboembolism prevention (TEP) in FA. 2010-2015 in the Primary Health Care (PHC), Córdoba, Spain. We study quality and relevance in prescription (AVK intolerance, inability to access the INR, hemorrhagic risk in ischemic stroke, irregular INR (Time-Rosendaal therapeutic range), correct dosage.

Results: 111 preselected. 39 losses (duplication, outside zone or no data, knee / hip surgery, TEP prevention). N = 72. 1. 28 full visa and 44 incomplete visa but with enough data. Indications: 9 poorly controlled, 8 AVK allergy (only one documented allergy), 11: no access to INR (0 confirmed cases), 1: without cause. 1 two simultaneous. Creatinine clearance 18/28. Professional prescriber: 17 cardiology, medical AP 9, 2 internal medicine. Dosage: 6 Rivaroxaban (2: 15mg / 24 six 20mg / 24h Dabigatran 11 (1 150mg / 12h, 2 150mg / 24h, 7 110mg / 12h 1 75mg / 12h) apixaban 9 (7 5mg / 12h, 2 2: 5mg / 12h. 18 correct dose (IPT); 10 wrong dose (7 cardiology, 3 AP). 2. Incomplete visa 44: Directions: 43: unknown. 1 INR poor control. Professional: 28 cardiology, 14 AP, 1 internal medicine, 1 ER. Dosage: Rivaroxaban 21 (10 15mg / 24h 11 20mg / 24h Dabigatran 27 (9 150 mg / 12 h, 3 150mg / 24h, 20 110mg / 12h, one 75mg / 12h (unauthorized dose) apixaban 4- (2 5mg / 12h.. 2 2.5mg / 12. 34 correct dose (IPT), 10 erroneous (9 Cardiology 1 AP).

Conclusions: 1.- Indication (IPT) often not observed in history 2.- Dosing errors in 27% (80/20 cardiology / AP). 35% of erroneous prescriptions cardiologists / 17% AP 3.- significant deficiencies in records 4.- No previous analysis 5.- Is the visa necessary?