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Direct oral anticoagulants (DOACS): Safe dosing and concordance

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Statement of the Problem: DOACS are responsible for a significant progression in stroke prevention in non-valvular AF (NVAf). They incorporate many of the features of an ideal anti-coagulant, yet are not without their limitations. Balancing the pre-treatment risk of stroke with the potential for significant bleeding requires careful dosing and patient concordance.

Purpose: The purpose of this quality improvement project is to optimize DOAC dosing, improve concordance with DOACs, and improve patient understanding of DOAC risks/benefits.

Methods & Theoretical Orientation: Data was collected from 40 patients from Stroke, Cardiology, and Care of the Elderly (COTE) wards in Southmead Hospital, between the dates of December and March (2017-2018). 23 patients were included in the first cycle of data, and 17 different patients were reviewed post-intervention. Drug charts were reviewed with regards to the documentation of weight; and type and dosage of DOAC; taking into consideration patients' age, creatinine clearance, and previous weights. A patient questionnaire assessed DOAC concordance, and patients' understanding of their DOAC. Interventions included teaching sessions delivered to doctors, collaboration with ward pharmacists and anticoagulation nurse specialist, and discussion with ward sisters.

Findings: There was an improvement in weight recording on drug charts (26% to 52% increase). Correct dosing improved from 60.9% to 70.6%. There was no improvement in patient concordance, and mixed results with regards to patient understanding of the risks and benefits of taking DOACs.

Conclusion & Significance: Further work is still required to optimize the administration and clinical benefit of DOACs. Educating ward teams on the importance of weight recording, and the implications for DOAC dosing has led to an improvement in DOAC dosing. Patient education on the importance of concordance, and the risks/benefits of DOAC use, requires a multi-faceted approach, which will necessitate the involvement of primary care and community pharmacists.

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