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DECENTRALIZING THE ORAL ANTICOAGULATION PRACTICE OF THE ESPÍRITO SANTO DE ÉVORA HOSPITAL (H.E.S.E.) TO THE FOURTEEN PRIMARY HEALTH CARE CENTERS OF THE ÉVORA HEALTH SUB-REGION (S.R.S. ÉVORA)

Caldeira, F.[a]; Canhoto, N.[a]; Coutinho, A.[a]; Moreira, J.[b]; Vieira, M.[c]; Gusmão, R.[a]

[a]Serviço de Patologia Clínica, Hospital Espírito Santo Évora; [b] Izasa Portugal; [c] Sub-Região de Saúde de Évora - ARS Alentejo

Characterization of patient population on Oral Anticoagulation Therapy (OAT) and evaluation of the assistance quality in the fourteen Primary Care Centers, monitored by Primary Health Care nurses and physicians.

In the study all patients under Oral Anticoagulation Therapy (OAT) were monitored within 14 Primary Care Centres, from March 2006 to February 2007.

Primary Care professionals used a small portable device (ProTime Microcoagulation System, ITC) for quantitative determination of the Prothrombin Time/INR from fingerstick whole blood was used. As reference for quality assistance, patients who were controlled at the HESE before being decentralized were used. Values included the last three controls, expressed in INR values. In the laboratory plasma recovered from anticoagulated (citrated) whole blood venous samples was used, and Prothrombin Time/INR determined.

To characterize the population (gender, age group, drug, rate of therapeutic control, patient distribution by Primary Center, number of visits per Primary Center) and continually evaluate the assistance quality (percentage of INR values in and out above and below the therapeutic rate. Concerning outside results two sub-groups were considered: non-critical and critical (hemorrhagic and thrombotic risk), the HyTexp software was used.

Of the total patients (1013), only 47.12% were decentralized from the Clinical Pathology Service of the HESE, while the remaining 52.88% were either from private laboratories or not controlled;54,22% of the patients were men and the mean age was 70 to 79 years (47,66 %). The great majority of the population have pathologies indicated to be at the [2-3] rate of therapeutic control (98,45%). Warfarin was used by 96,16% of patients, and only 3,84% used Acenocoumarol as anticoagulation drug.

Were registered a total of 10367 controls. We concluded that the quality of the results was similar to those observed at HESE (56, 96% Vs 57, 18% relatively to inside therapeutic range values and 43,04% Vs 42,82% in terms of outside values). It was noticed that within the results outside the margin, the critical values were slightly diminished (48, 25% versus 55, 88% at H. E.S. E.). This might be explained by an increased number of controls performed on these patients, as well as by a better general knowledge of each patient. It should be noted, however, that the thrombotic risk has a greater contribution to the values considered critical (27, 68%) than the hemorrhagic risk (20, 57%). The opposite is observed among the population used in this study conducted at the HESE where a higher hemorrhagic risk predominates (28, 53% hemorrhagic risk versus 27,35% thrombotic risk). Alternatively, the values may result from a still infrequent use of low molecular weight heparins.

We showed with this experience study that the care given by this scenario of OAT monitoring is at least as good as the conventional management by specialist anticoagulation physicians.