



HOME OF SIDNEY KIMMEL MEDICAL COLLEGE

Problem Definition

The significance of this study is to determine the degree of inconsistency in dosing practice of DOACs at a quaternary care institution such as Thomas Jefferson University Hospital.

- 1. What is the primary indication for anticoagulation in out population?
- 2. What percentage is dosed correctly?
- 3. Are patients primarily over or underdosed?

Current Dosing Guidelines

Medication	Action	
Rivaroxaban (Xarelto)	Direct Factor Xa inhibitor	20mg C
Apixaban (Eliquis)		5mg Cr≥1.5

Results

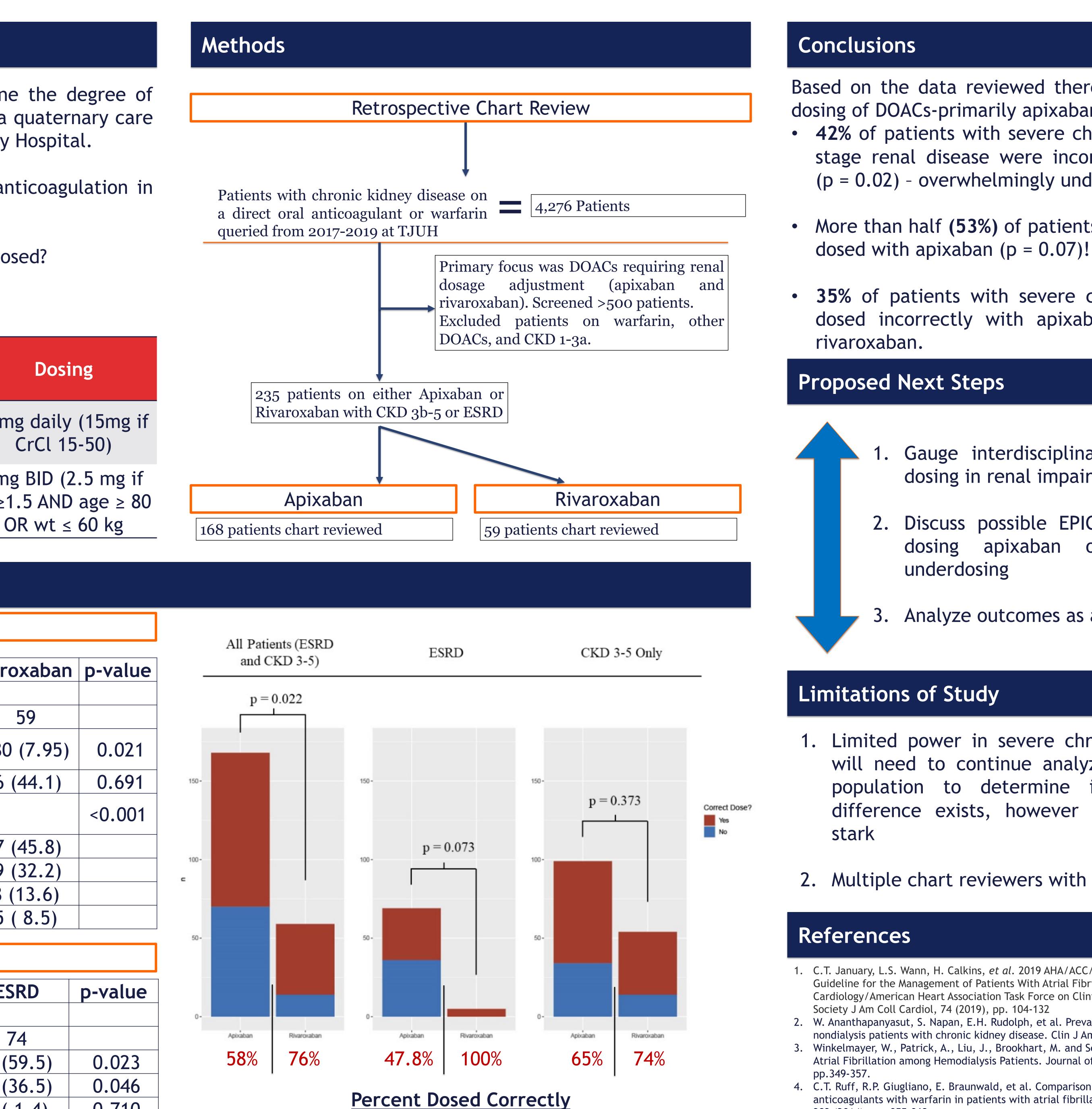
Baselir	e Characterist	ics
	Apixaban	Rivarox
n	168	5
Age (mean (SD))	68.74 (12.48)	72.80 (
Female (%)	81 (48.2)	26 (4
Level of Kidney Injury (%)		
CKD 3b	30 (17.9)	27 (4
CKD 4	67 (39.9)	19 (3
CKD 5	2 (1.2)	8 (1
ESRD	69 (41.1)	5 (

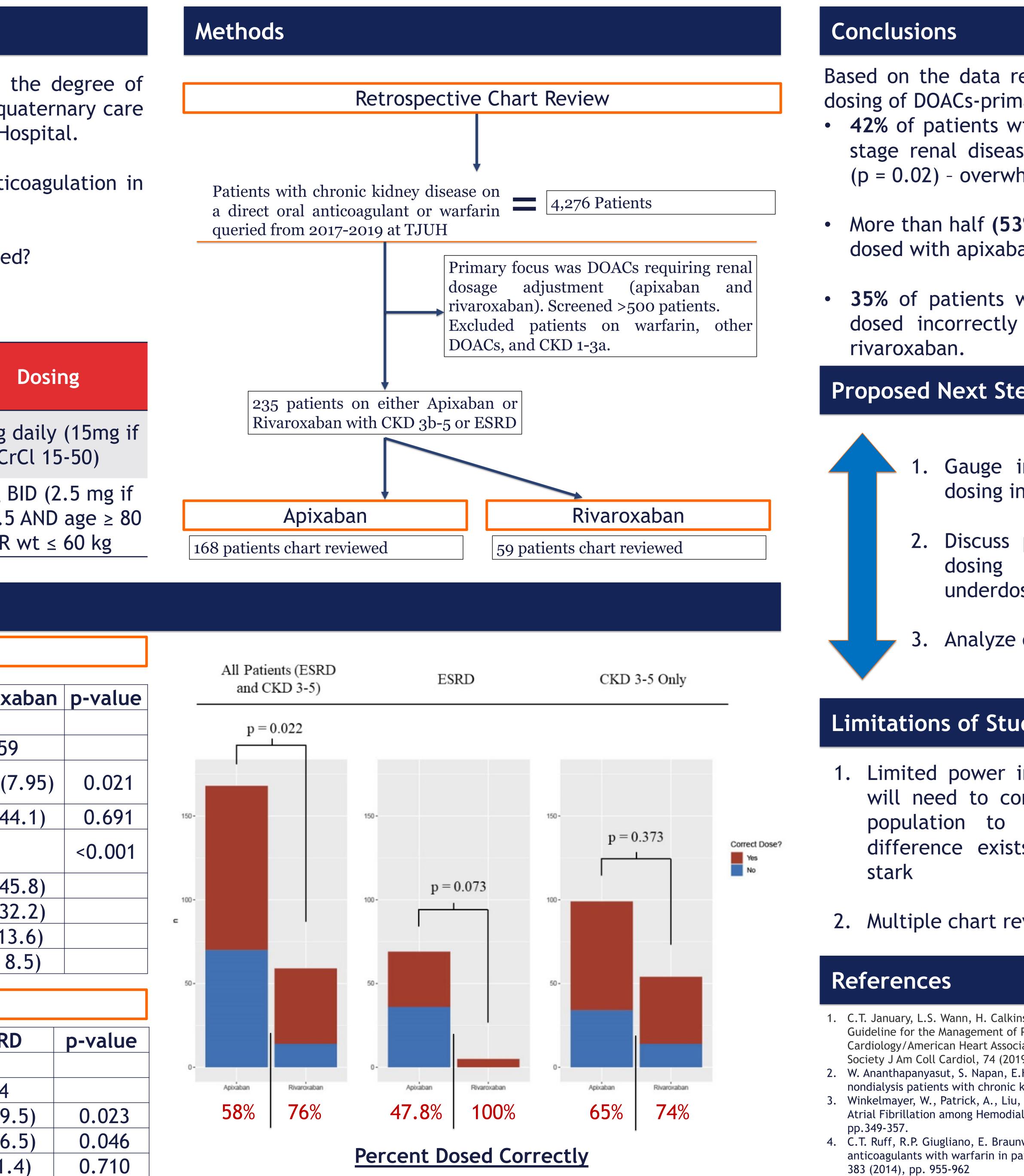
Anticoagulation Indications			
	CDK 3-5	ESRD	
	153	71	
Atrial fibrillation/flutter (%)	115 (75.2)	74 44 (59.5)	
DVT or PE (%)	35 (22.9)	27 (36.5)	
Post Surgical (%)	0 (0.0)	1 (1.4)	
Other (%)	3 (2.0)	1 (1.4)	

1.000

Improving Safety of Direct Oral Anticoagulant (DOAC) Dosing in Patients with Severe Chronic and End-Stage Renal Disease

Naman Upadhyay MD¹, Rahed Mohammed, MD¹, Kirpal Kochar, MD¹, Max Ruge, MD¹, Sean Dikdan, MD², Yair Lev, MD² ¹Department of Medicine, Thomas Jefferson University, Philadelphia, PA. ²Department of Cardiology, Thomas Jefferson University, Philadelphia, PA.





Based on the data reviewed there is significant variability in dosing of DOACs-primarily apixaban and rivaroxaban • 42% of patients with severe chronic kidney disease or endstage renal disease were incorrectly dosed with apixaban (p = 0.02) - overwhelmingly underdosed!

• More than half (53%) of patients on dialysis were incorrectly

• 35% of patients with severe chronic kidney disease were dosed incorrectly with apixaban compared to 25% with

Gauge interdisciplinary understanding on DOAC dosing in renal impairment via survey

2. Discuss possible EPIC alerts or checklists when dosing apixaban or rivaroxaban to avoid

3. Analyze outcomes as a result of incorrect dosing

1. Limited power in severe chronic kidney disease arm will need to continue analyzing more patients in this population to determine if statistically significant difference exists, however preliminary data is quite

2. Multiple chart reviewers with varying techniques

. C.T. January, L.S. Wann, H. Calkins, et al. 2019 AHA/ACC/HRS focused update of the 2014 AHA/ACC/HRS Guideline for the Management of Patients With Atrial Fibrillation: a report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines and the Heart Rhythm

2. W. Ananthapanyasut, S. Napan, E.H. Rudolph, et al. Prevalence of atrial fibrillation and its predictors in nondialysis patients with chronic kidney disease. Clin J Am Soc Nephrol, 5 (2010), pp. 173-181 Winkelmayer, W., Patrick, A., Liu, J., Brookhart, M. and Setoguchi, S., 2011. The Increasing Prevalence of Atrial Fibrillation among Hemodialysis Patients. Journal of the American Society of Nephrology, 22(2),

4. C.T. Ruff, R.P. Giugliano, E. Braunwald, et al. Comparison of the efficacy and safety of new oral anticoagulants with warfarin in patients with atrial fibrillation: a meta-analysis of randomised trials. Lancet,

5. X. Yao, N.D. Shah, L.R. Sangaralingham, B.J. Gersh, P.A. Noseworthy

6. Non-vitamin K antagonist oral anticoagulant dosing in patients with atrial fibrillation and renal dysfunction. J Am Coll Cardiol, 69 (2017), pp. 2779-2790