



Oral anticoagulation on patients with atrial fibrillation: are we doing a good job?

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ABSTRACT

Introduction: Antipsychotics (APs) have been linked to several clinically relevant drug-drug interactions (leading, e.g. to QT-prolongation, torsades de pointes) but little is known about their management in nursing homes residents. Our aim was to characterise clinically relevant drug-drug interactions involving APs and to assess their prevalence in nursing homes residents.

Materials and methods: We conducted a cross-sectional study in two nursing homes in Portugal. Patients were included if they were older ≥ 65 and prescribed at least one AP (registered in medical charts). Interactions were identified using Drug Interaction Chequer (Medscape [1]) and supplemented with the summary of product characteristics (SmPC) when deemed necessary. Clinical relevant interactions were defined as serious or contraindicated interactions according to Medscape tool. Data were analysed using univariate statistics (Microsoft Excel 2016).

Results: A total of 59 patients (83.7 ± 7.1 years) were analysed, 79.7% ($n = 47$) females. A mean of 1.6 ± 0.7 antipsychotics were prescribed/patient, mostly on a regular basis (61.0%; $n = 36$). The majority were exclusively prescribed atypical APs (59.3%; $n = 35$), 28.8% ($n = 17$) simultaneously atypical and typical APs and 11.9% ($n = 7$) prescribed only typical APs. Nearly 90% ($n = 52$; 88.1%) of patients reported interactions with APs, (mean = 2.9 ± 2.3 /patient). A total of 169 interactions with APs were found, mainly with antidepressants (27.2%; $n = 46$), benzodiazepines (22.4%; $n = 38$), and other antipsychotics (10.6%; $n = 18$). The majority of AP-drug interactions (83.4%; $n = 141$) were classified as "to be closely monitored", mostly due to the sedation effect (56.7%; $n = 80$). Quetiapine was the AP most often involved in interactions (45.6%; $n = 77$), where 9.1% ($n = 7$) were considered "serious". Haloperidol also registered 37 interactions (21.9%), four of which resulted in increased QTc interval (10.8%).

Discussion and conclusions: Data showed that one third of patients had clinically relevant AP-drug interactions. Future work will include the development of a user-friendly booklet on clinical relevant drug-drug interactions in elderly patients using APs, expected to contribute to enhanced patient safety and a more rational use of medicines.

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Reference

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Oral anticoagulation on patients with atrial fibrillation: are we doing a good job?

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ABSTRACT


Introduction: Atrial fibrillation (AF) is one of the major causes of stroke and cardiovascular morbidity in the world [1]. Oral anticoagulation (OAC) with vitamin K antagonists (VKAs) or non-VKA oral anticoagulants (NOACs) reduces the risk of such events in AF patients [1–3]. Our aim was to evaluate if AF patients were correctly hypocoagulated and the prevalence of acute ischaemic stroke (IS) and acute transient ischaemic attack (TIA) among these patients.

Materials and methods: A cross-sectional study was undertaken in a Portuguese hospital in Beja in the last three months. Patients (aged 18 years or older) with previous history of AF admitted to internal medicine ward were included. Data was extracted from medical charts, which included sociodemographic and clinical variables. To assess if patients were correctly medicated or in need for OAC, we calculated CHA₂DS₂-VASc (if < 2 : no need for OAC; if ≥ 2 (male) or ≥ 3 (female): need for OAC), assessed renal function (creatinine value; creatinine clearance using Cockcroft-Gault Equation), INR, and the type of OAC and doses. The informed consent of the subjects and acceptance of the study protocol by a local ethics committee has been obtained. Data analysis was performed using univariate statistics (IBM SPSS v.20.0).

Results: A total of 150 patients were included, with a mean age of 81.8 ± 7.7 years old and 52.7% ($n = 79$) were female. Almost half of the sample was not on OAC (48.0%, $n = 72$). From the ones on OAC, 60.3% ($n = 47$) were on NOAC, with apixaban as the most prescribed drug (55.3%; $n = 26$), followed by rivaroxaban (31.9%; $n = 15$). A considerable proportion of patients was using warfarin (38.5%; $n = 30$). Almost 60% of the cases were incorrectly hypocoagulated, either due to

lack of OAC prescription in patients that should be on that medication (80.7%; $n=71$) or to incorrect dose (19.3%; $n=17$). From patients who should be on OAC, 74.6% ($n=53$) were aged 80 or older and 15.5% ($n=11$) were admitted to internal medicine ward with acute IS (63.6%; $n=7$) or acute TIA (36.4%; $n=4$). Acute IS has been also registered in 4 patients (5.1%) correctly medicated (NOAC: $n=3$; VKA: $n=1$).

Discussion and conclusions: Data suggest that almost half of the patients were not on OAC and 15.5% of these experienced an acute cerebrovascular event. Almost 75% of patients who should be on OAC were aged 80 or older. The considerable stroke risk without OAC often exceeds the bleeding risk even in the elderly, in patients with cognitive dysfunction, or in patients with frequent falls or frailty and these should not be the reasons for withholding, ending or do not initiate OAC.

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Medications in workplace – a literature review

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ABSTRACT

Introduction: The purpose of this paper is to present the main conclusions drawn from a literature review on the theme "Medications in Workplace". The interest that led to this literature collection is based on a larger project, currently underway,¹ that focuses on the use of medicines, food supplements and other natural products to improve physical, intellectual and social performance (performance consumption [1]) in three professional groups. With this presentation we seek to highlight the correlation between aspects of the nature of work and the consumption of these substances, the motives associated with it and the predominance of uses.

Materials and methods: The proposed presentation is characterised as a theoretical essay, based on a review of the literature on the topic "Medications in Workplace", performed through an extensive bibliographical search on specialised online platforms with a peer-review policy, following predetermined search terms, that resulted in the collection and analysis of over a dozen of scientific articles, reports from governmental agencies and monographs, on the fields of social sciences and medicine. Such studies were carried out in different countries over an extended period of time (1990-2018) and focussed on professional groups such as nurses, office workers and teachers.

Results: The main aspects of work associated with substance use are stress, shift work and night time work, mainly because of their impact on the quality of sleep [2]. The management of fatigue (physical and mental) and of the ability to concentrate in order to improve work performance is carried out, in several cases, through the consumption of certain substances [3]. These range from caffeine, to medicines (taken with or without a prescription), or even illegal drugs. While the reasons for consumption are quite homogeneous, its frequency varies strongly between studies due to different methodologies and conceptual criteria used.

Discussion and conclusions: The difficult quantification of consumption does not preclude the conclusion that we are dealing with a socially complex phenomenon when we speak of performance enhancing consumption that shows a change in the conventional use of therapeutic resources beyond the frontiers of health and disease that is important to continue studying, particularly from its social contexts. For instance, to analyse if there are professional groups particularly vulnerable to these auxiliary consumptions and which factors differentiate them.

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¹"Medicines and dietary supplements in performance consumptions: social practices, contexts and literacy" (PTDC/SOC-SOC/30734/2017) – ConPerLit.