COMPARISON OF KNOWLEDGE LEVEL ABOUT ANTICOAGULATION THERAPY BETWEEN ATRIAL FIBRILLATION AND PROSTHETIC HEART VALVE PATIENTS AND ITS’ RELATION TO INR GOAL ATTAINMENT

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Background: The efficacy and safety of anticoagulation therapy depends on proper patient knowledge about their use. The goal of this study was to compare the knowledge level between patients with atrial fibrillation and those with prosthetic heart valves, and its’ effect on target INR level attainment.

Methods: Consecutive patients with atrial fibrillation (group AF, 182 patients, age 62±14 years) and prosthetic heart valves (group PV, 82 patients, age 61±15) that presented to our department for routine measurement of INR levels were included in the study. They were on acenocoumarol therapy for at least 6 months. They answered a questionnaire of 9 questions concerning food and drug interactions, knowledge about target INR levels, safety of intramuscular injections and precautions during invasive dental procedures. One point was assigned for each correct answer. Patients were also asked to report if their anticoagulation treatment was supervised by cardiologists or other physician subspecialties.

Results: Only 62.2% of the patients felt adequately informed about the use of acenocoumarol by their physician. The majority (90.2%) correctly named the condition associated with the use of anticoagulant therapy. Treatment supervision by cardiologists was reported by 28% of the patients. The knowledge score was 3.9±1.2 for AF and 3.2±1.3 for PV (p<0.001). Target INR level was found in 65.7% of the patients (65.9% in AF, 65.3% in PV, p=ns). By multivariate analysis, knowledge score (OR=1.59, 95% CI=1.17-2.15, p=0.003) and treatment supervision by cardiologist (OR=4.09, 95% CI=1.73-9.66, p=0.001) were associated with target INR level in AF. For PV, knowledge score (OR=3.0, 95% CI=1.5-5.98, p=0.002) was the only independent predictor of target INR level.

Conclusions: Knowledge level about anticoagulation therapy is low in patients with atrial fibrillation and even lower in those with prosthetic heart valves. Since it is an independent predictor of good anticoagulation control in both groups, more effort is needed for proper education of patients, especially in those with prosthetic valves that are at higher risk for thromboembolic events.