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Predictive factors for obtaining a correct therapeutic range using antivitamins K: a tertiary center experience

Ruxandra Jurcut (1), Ciprian Jurcut (2), Sebastian Militaru (1), Olivia Geavlete (1), Nic Dragotoi (1), Sergiu Sipos (1), Ana Maria Daraban (1), Sergiu Sipos (1), Carmen Ginghina (1)
(1) Institut de Maladies Cardiovasculaires, Cardiologie, Bucarest, Romania – (2) Central University Emergency Military Hospital, Bucarest, Romania

Background: Patient adherence is an essential factor in obtaining an efficient oral anticoagulation using antivitamin K drugs (AVK), a situation with a narrow therapeutic window. Therefore patient education and awareness are crucial for a good management and should be based on a correct estimation of the current situation.

Material and methods: This study included 67 hospitalized chronically anticoagulated patients (pts) (mean age: 62.6±13.1 years; men 45.6%) who responded to a 25-items questionnaire to assess their knowledge on AVK therapy management. Laboratory and clinical data were used to determine INR value at admission, as well as to calculate CHADS2-VASC and HAS-BLED scores for patients with atrial fibrillation (AF).

Results: The majority of pts (61.8%) were receiving AVK for AF, the others having a mechanical prosthesis and previous thromboembolic disease or stroke. In the AF group, mean CHADS2-VASC score was 3.1±1.5, while average HAS-BLED score was 1.8±1.2. More than half of all pts (52.9%) had at admission an INR outside of the therapeutic range, with the majority (42.1%) having a low INR. A correct INR value was predicted by the education level (higher education), the diagnostic indication (pts with mechanical prosthesis being best managed), and the concomitant use of other antithrombotic therapies. Pts presenting with a therapeutic INR had a trend towards longer treatment duration than those outside the therapeutic range (62±72 vs 36±35 months, p=0.06). There was no correlation between admission INR and pts living conditions, INR monitoring frequency, bleeding history.

Conclusions: In a tertiary cardiology center, more than half pts receiving AVK are admitted with an INR outside the therapeutic range. Pts with mechanical prosthesis and complex antithrombotic regimens appear as most careful with INR monitoring. Identifying pts groups with lowest therapeutic range rate could help attending physicians educate pts focusing on specific awareness issues.

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CHA2DS2-VASc score is a predictor of stroke and death in patients with atrial flutter

Saroumadi Adavane, Sylvie Lang, Stephane Ederhy, Laurie Soulant-Dufour, Louise Boyer-Chatenet, Célie Van Der Vynckt, Nabila Haddour, Franck Boccarda, Ariel Cohen
CHU Hôpital Saint Antoine-APHP, Cardiologie et Université Paris VI Pierre et Marie Curie, Paris, France

Purpose: The CHA2DS2-VASc score has been validated to stratify the risk of thromboembolism and accurately predicts the risk of stroke in patient without valvular atrial fibrillation. We sought to investigate how accurately this score predicts the risk of stroke and death in patients with atrial flutter.

Methods: Between July 1998 and December 2011, 197 consecutive patients, hospitalised for atrial flutter, were enrolled in the cohort. All patients were followed-up at least 6 months and cardiovascular events recorded. The endpoint was defined as the first occurrence of stroke or death. The Cox analysis was adjusted on warfarin, antiplatelet and antiarrhythmic treatments at discharge.

Results: Mean age was 67±13 years and 152 (77%) were men. At baseline, 92 patients (47%) had hypertension, 33 (17%) diabetes, and 10 (5%) had a history of stroke or thromboembolism. CHA2DS2-VASc score was = 0 in 26 (13%), = 1 in 36 (18%), and ≥2 in 135 (69%) patients. Seventy-seven events occurred during a mean follow-up of 4.7±3.7 years. As shown in the Kaplan Meier figures (figure) patients with a CHA2DS2-VASc score ≥2 were at higher risk of stroke or death.

The adjusted Cox model showed that a CHA2DS2-VASc score ≥2 was a predictor of risk of stroke or death with a hazard ratio of 2.17 (95%CI 1.21-3.90, p=0.009).

Conclusion: These results suggest that a CHA2DS2-VASc score ≥2 is associated with a higher risk of stroke and deaths, at mid-term follow-up, in patients with atrial flutter.