

Abstract 0578 – Figure: Kaplan-Meier survival curves

0507

Patients' understanding of chronic anticoagulant therapy: evaluation of the knowledge of patients admitted in a cardiology unit

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Purpose: There is good evidence that adherence to medical treatment is enhanced by knowledge and understanding of the drug, its benefits and its side-effects.

Objectives: To investigate knowledge and perceptions of antithrombotic therapy among a population of patients receiving chronic anticoagulation therapy with vitamin K antagonists (VKA) or direct oral anticoagulants (DOA).

Methods: We conducted a prospective study among 122 patients admitted in our cardiology unit and receiving anticoagulant therapy for more than 3 months. Atrial fibrillation was the main indication of therapy (n=63, 51.6%) and VKA concerned 87% of patients. All patients were invited to fill in a questionnaire (11 questions), which was handed out by a nurse in a face-to-face interview. None of the patients refused to fill in the questionnaire, which was completed at once and independently.

Results: While the vast majority of patients know that they have anticoagulant therapy (96.7%), patients presented a clear lack of knowledge concerning mainly food and drug interaction (table 1), the possible conse-

quences of under- or over-anticoagulation (n=31; 25.4%), the reason why they have this therapy (n=39; 32.7%) and how to control their treatment. Comparing the two therapies, we observed a non significant difference in knowledge concerning VKA and DOA except knowledge of risks of therapy which was superior in the DOA group (p<0.05).

In conclusion: Patients' anticoagulant therapy knowledge, either vitamin K antagonists or DOA, is poor. With the increasing use of DOA, from which we have no more biologic control to assess compliance, improved patient education and physician involvement in therapeutic education, is crucial.

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0008

Anxiety and depressive symptoms after acute coronary syndrome: prevalence, evolution and predictive factors

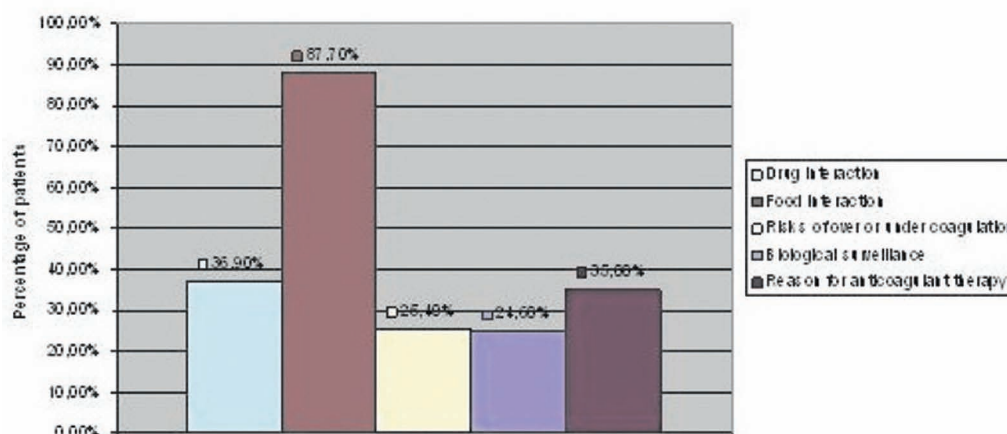
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Anxiety and depressive symptoms after acute coronary syndrome (ACS) are associated with increased mortality and morbidity, more random cardiac rehabilitation, unhealthy behaviours. The aim of this study was to determine prevalence of these symptoms after ACS, and associated factors.

During 6 months, all patients admitted to the Hospital of Reims for ACS were included. Hospital Anxiety and Depression Score (HADS) was used to screen anxiodepressive symptoms during initial hospitalization and 3 months later. The analysis focused on socio-demographic, clinico-biological and therapeutic data.

We included 101 patients. 40.6% had anxiety and depressive symptoms on admission and 41.6% at 3 months. Factors associated with a high persistent 3 month score were: initial HADS score ($r = 0.81$, $p < 0.001$), history of depression (OR 14.1; CI95% 1.7-42.4 $p < 0.001$), history of coronary heart disease (OR 5.8; 95% CI95% 1.7-19.6 $p < 0.001$), young age (54.4 years \pm 10.9 p 0.039), social isolation (OR 12.5; CI95% 4.2-37.3 $p < .001$), smoking (OR 8.7; CI95% 3.5-21.7 $p < 0.001$), physical inactivity (OR 5.1; CI95% 2.3-10.9 $p < 0.001$), early ventricular arrhythmias (OR 13.5; CI95% 5.1-35.9 $p < 0.001$). Also high C-reactive protein (OR 11.8; $p < 0.001$), a low HDL-cholesterol (mean 0.4g/L $p < 0.001$), and high level of liver enzyme (OR 0.3; $p < 0.001$) were associated with positive score. 17 patients have attempted suicide and 2 patients have committed suicide.

Lack of knowledge concerning anticoagulant therapy



Abstract 0507 – Figure: Lack of knowledge concerning anticoagulant therapy