

anticoagulation

news 7

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International Self-Monitoring Association of oral anticoagulated Patients (ISMAAP)

Safety for anticoagulated patients

Anticoagulation and patient cooperation go hand in hand.

Telephone interviews were conducted last year in England by ACE (Anticoagulation Europe) and AFA (Atrial Fibrillation Association) with 104 patients with atrial fibrillation. The results, even with this small sample, represent the problems associated with the treatment of patients with atrial fibrillation. For 72% of patients the treatment with Vitamin-K-Antagonists started immediately; for 20% however, it started only after a longer period of time (up to one year). 75% of the interviewed patients were verbally informed about the treatment, whereas only 36% were able to explain that anticoagulation can prevent strokes. Only 25% sought further information. "Doctors should take stronger influence on the insufficient INR-controls and make patients to equal partners in the handling of their treatment with anticoagulants", says *Eve Knight* (ACE).

Patients need information they can understand. Information provided verbally – often very quickly – are not always fully understood. Especially given the complexity of anticoagulation more than verbal information is needed. Many globally available medical publications address the question how the patient can be involved to cooperate. Proposals are plentiful. *Prof. Dr. med G. Lip* et al: "Patients need clear and simple information, tailor made to their personality (*Thromb. Haemost* 2011, 106:997-1011)."

However, anticipating that – as shown in the survey – only 25% of patients seek further information, meaning they are interested and want to cooperate, it is not surprising that the essential treatment with anticoagulants is a "red rag" for both doctors and patients. Anticoagulation-self-management could be the key to effective patient cooperation. *M. Schwebe* et al, University of Greifswald, Germany, write: "Incomprehension exists even within experts that only 20% of all patients in Germany on anticoagulation therapy practice Patient-

Self-Management (PSM)" (*PharmacoEconomics – German Research Articles* 2012: 10 [1]).

Doesn't motivation for the weekly INR-Test start with the questions: Am I within the therapeutic range? If not, what did I do incorrect and what can I change and potentially improve with my lifestyle?

Prof. Dr. med. Hugo ten Cate nails it: "Quality of life and time within therapeutic range can be influenced positively through Self-Management" (*Thrombosis and Haemostasis* 107.5/2012).

Christian Schaefer, ISMAAP ●

Patients should take over INR self-management

It has been more than 70 years since *Karl Paul Link* synthesized Coumarin in the USA. According to *J. Ansell, MD*, 1 – 2% of the population of developed countries today takes anticoagulants to protect themselves from arterial and venous thromboembolisms (*Circulation*. 2012; 125: 165-170). He continues: "The persistence of the drugs, even ones with many disadvantages such as Coumarins, states something about this compound. How many drugs can be named, which decrease the frequency of adverse outcomes caused by an abnormal rhythm of the heart, by two thirds?" It is known that the intake of Vitamin-K-Antagonists must be monitored frequently in order to maintain the therapeutic range and therefore minimize potentially negative outcomes. Globally, these controls are mainly performed in laboratories, anticoagulation clinics and doctor's offices. Wouldn't it make sense to involve anticoagulation patients more in the responsibility to be in charge? There is the possibility to transfer anticoagulation self-management to patients.

C. Heneghan writes: "Our analysis shows that self-testing and self-management are a safe choice for appropriate patients of all ages" (*Lancet*, 2012; 379: 332-334).

Paul A. Kyrle et al, Vienna, comment the analysis of *C. Heneghan* in the same edition to the effect, that self-management should only be offered to patients with heart valves younger than 55 years of age. The authors also don't see an opportunity for self-testing for other diseases where anticoagulation is required.

What about the 180,000 patients in Germany, and the many self-testers in Europe and world wide who determine their INR values by themselves since years and decades? *M. Nagler et al, pre-*

Age limitation for INR Self-Testing?

I am referring to your article „Patients should take over Self Management“. In this article age limitations for self-testing are mentioned. Many elderly are perfectly capable to self-test. I am 82 years old and have been self-tester for nine years.

I received a mechanical heart valve in 2003 and was made familiar with the testing procedure while still in the hospital. I am glad about this kind of control, since I have very bad veins and always problems with blood draws.

I test twice a week, because I am taking multiple medications and am able to react immediately when I have INR fluctuations. I have good control over my INR values, which is, thanks to my notes, confirmed by my doctor.

I see the mentioned limitation as a discrimination of age!

G.K. Germany ●

□ To the letter to the editor: „Age limitation for INR self-testing“. I can agree 100% with the writer. I will turn 83 years old this year and have been self-testing weekly since 2004 without problems so far.

F.W.M./Germany ●



ISMAAP booth at 56th Annual meeting of the German Society of Thrombosis and Haemostasis Research, St. Gallen/Switzerland, Feb. 2012

International Self-Monitoring Association of oral Anticoagulated Patients (ISMAAP),
Geneva/Switzerland, www.ismaap.org,
E-Mail: c.schaefer@ismaap.org

sented results of a study (*Hämostasiologie, 2012; 32, A77*) at the GTH-Congress in St. Gallen beginning of February 2012, where self-performed INR results are highly comparable with INR results from the laboratory.

Maybe one day, the cooperative relationship between physician and patient is good enough that reports of self-determined INR values suffice and additional controls at the doctor's office are no longer necessary for patients without further medical problems.

Christian Schaefer, ISMAAP ●

Right: Domenico Prisco, MD, Firenze/ Italy, chatting with Albert Meyer, Honorary President of INRswiss, on the occasion of the German Thrombosis Congress in St. Gallen/ Switzerland, Feb. 1st, 2012.



Left: Alan K Jacobson, MD, Loma Linda/ USA, talks about the 25th anniversary of patient self-management in Germany on the occasion of the 11th National Conference on Anticoagulant Therapy, May 7th, 2011, Boston/USA. <http://www.youtube.com/watch?v=eCXKM0bpOE>



„Why are doctors still reluctant towards the long-standing and successful Patient-Selfmanagement?“ Roundtable discussion on the occasion of the 7th International Patient/Physician Conference of oral Anticoagulated Therapy, Lyon/France Nov. 3-6, 2011.

From left to right: Prof. Dr. med. W. Wuillemin, Luzern/Switzerland; Prof. Dr. med. L. Drouet, Paris/France; Dr. med. H. Krüttner, Salzburg/Austria; Dr. med. A. Bernado, Gais/Switzerland; Dr. med. K. Azarnoush, Clermont/France; A. O. Meyer, Bern/Switzerland; Dr. D. Lasne, Paris/France; C.N de Graaff, Driebergen/The Netherlands; Dr. med. H. Rott, Duisburg/Germany; P. Mandrup, Copenhagen/ Denmark.

