

Ali so bolniki na antikoagulantni terapiji ustrezno zaščiteni pred krvavitvijo iz zgornjih prebavil?

Are patients on anticoagulants adequately protected against upper gastrointestinal bleeding?

Milica Miljković^{*1}, Miroslav Vujsinović¹, Martin Tretjak¹, Apolon Marolt¹, Bojan Tepeš², Karmen Klančnik³

¹ Department of Internal Medicine, Slovenj Gradec General Hospital

² Abakus Medico Diagnostic Centre

³ Medical Faculty at the University of Maribor

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IZHODIŠČA

Zaradi velike pojavnosti srčno žilnih obolenj, ki povzročajo tromboembolične zaplete, se bolnikom pogosto predpiše antikoagulacijsko zdravljenje s peroralnimi antikoagulacijskimi zdravili (AZ). AZ so povezana s povečanim tveganjem za krvavitev iz zgornjih prebavil, še posebej pri starejših bolnikih s sočasno predpisanimi acetilsalicilno kislino (ASK), klopidogrelom, kortikosteroidi, nesteroidnimi analgetiki (NSAR) in zaviralci privzema serotonina (SRI). Zaviralci protonske črpalke (ZPČ) so zdravila, ki omogočajo učinkovito zaščito pred krvavitvami iz zgornjih prebavil.

NAMEN IN METODE

Opravili smo retrospektivno analizo medicinske dokumentacije 440 zaporednih bolnikov v ambulanti za trombotične bolezni, ki prejemajo AZ. Analizirali smo demografske podatke, indikacije za AZ, anamnestične podatke o krvavitvah iz zgornjih prebavil in predpis ZPČ.

BACKGROUND

Due to the high prevalence of cardiovascular diseases anticoagulant medications (AC) are commonly prescribed. Treatment with AC is related to an increased incidence of acute upper gastrointestinal bleeding (AUGIB) especially in older patients and concomitant treatment with acetylsalicylic acid (ASA), clopidogrel, corticosteroids, nonsteroidal anti-inflammatory drugs (NSAID) and serotonin reuptake inhibitors (SRI). Proton pump inhibitors (PPI) are drugs with good protective effect against AUGIB.

AIMS AND METHODS

A retrospective analysis of medical documentation of 442 consecutive patients with anticoagulant treatment was performed. We analyzed demographic features, indications for treatment with AC, history of AUGIB and the prescription of PPI.

* Milica Miljković, dr. med.

Department of Internal Medicine, Slovenj Gradec General Hospital, Gosposvetska 1, 2380 Slovenj Gradec, Slovenia

REZULTATI

Med 440 bolniki je bilo 242 moških in 196 žensk, povprečna starost je bil $75,8 \pm 6,22$ let (65-94 let). Indikacija za predpis AZ je bila atrijska fibrilacija pri 282, prisotnost mehanskih zaklopk pri 59, pljučna embolija pri 52 in globoka venska tromboza pri 47 bolnikih.

Varfarin je bil predpisan pri 389 (88,4 %), acenokumarol pri 49 (11,1 %) in dabigatran pri 2 bolnikih (0,5 %).

ASK, NSAR, kortikosteroidi in SRI so bili sočasno predpisani pri 11 (2,5 %), 7 (1,6 %), 3 (0,7 %) in 35 bolnikih (8,0 %).

Osem (1,8 %) bolnikov je imelo v anamnezi podatke o predhodni krvavitvi iz zgornjih prebavil.

ZPČ so bili predpisani 97 bolnikom (22 %) z AZ v monoterapiji, 26 bolnikom (41,3 %) z AZ in sočasno predpisanimi zdravili (17 bolnikov je prejelo SRI, 7 NSAR in 2 kortikosteroide) in 2 bolnikoma (25 %) z AZ in anamnezo predhodne krvavitve.

343 bolnikov (78 %) starejših od 65 let ni imelo predpisanega ZPČ.

Pri 57 bolnikih (58,5 %) je bil ZPČ predpisan v ustrezni standardni dozi, pri 26 (26,8 %) je bila doza previsoka, pri 14 (14,4 %) pa doza ni bila znana.

ZAKLJUČEK

Zaščita zgornjih prebavil pri bolnikih, ki prejema peroralna antiokagulacijska zdravila, ni zadostna. Vsi bolniki, ki poleg teh zdravil prejema zdravila z dodatnim tveganjem (predvsem ASK in NSAR) bi morali imeti predpisan ZPČ, še posebej starejši od 65 let in tisti s predhodno krvavitvijo iz zgornjih prebavil.

Potrebno je pripraviti slovenska priporočila z jasnimi navodili za predpis ZPČ pri bolnikih z AZ in dodatnimi dejavniki tveganja za krvavitev iz zgornjih prebavil.

RESULTS

There were 442 patients (189 male and 243 female), mean age $75,8 \pm 6,2$ years (range 65-94).

Indications for treatment with AC were: atrial fibrillation (AF) and stroke in 284 patients, valve replacement in 59 patients, pulmonary embolism in 52 patients and deep venous thrombosis in 47 patients.

Warfarin was prescribed in 391 (88,4%) patients, acenocoumarol in 49 (11,1%) patients and dabigatran in 2 (0,5%) patients.

ASA, NSAID, corticosteroids and SRI were concomitantly prescribed in 11 (2,5%), 7 (1,6%), 3 (0,7%) and 35 (8,0%) cases, respectively.

Eight (1,8%) patients had history of AUGIB.

PPI were prescribed in 97 (22,0%) patients with AC in monotherapy, in 26 (41,3%) patients with AC and concomitant therapy (17 with SRI, 7 with NSAR and 2 with corticosteroids) and in 2 patients (25%) with AC and history of AUGIB. There were 317 (71,7%) patients (all older than 65 years) without PPI. In 58,8% of patients PPI was prescribed in proper dose (standard), in 26,8% the prescribed dose of PPI was too high and in 14,4% the dose was unknown.

CONCLUSIONS

Gastric protection in patients on AC therapy is not satisfactory.

All patients were older than 65 years which classifies them as a group of patients with higher risk of AUGIB.

All patients with AC therapy and concomitant NSAID or/and ASA therapy should be treated with PPI in standard dose, especially those older than 65 years and history of AUGIB.

Gastric protection in patients with AC therapy without concomitant therapy (ASA, NSAR) and history of AUGIB should be exactly specified in national guidelines.