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Directions for optimizing the organization of long-term anticoagulant treatment

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Abstract

Background: In this study the organization of long-term anticoagulant treatment has been evaluated to estimate whether clinical practice is in accordance with current recommendations for optimal use and effective control of oral anticoagulant (OAC) treatment.

Material and methods: Mixed (quantitative and qualitative), transversal, descriptive, selective study. Samples: quantitative study – 394 adult patients, eligible for anticoagulant treatment; qualitative study – 39 family doctors.

Results: The rate of use of OAC treatment is 68%. The period from the diagnosis of the disease to the initiation of OAC treatment lasted one month or more in 59.1% of patients. 60.6% of patients do not have sufficient knowledge regarding the treatment of OAC. The high price is the most important barrier to direct oral anticoagulant administration (91.1%). Patients' satisfaction with OAC treatment control is low, mainly for vitamin K antagonists (59.8%). 75.5% of respondents claim that OAC treatment control and management is poor. 40.3% do not perform safe therapeutic International Normalized Ratio control, and 54.7% are not in the optimal therapeutic range.

Conclusions: The main barriers to adherence to OAC treatment: the burden of regular monitoring of blood parameters, perceived concern about complications, limited access to laboratory tests and specialist doctors, insufficient information about anticoagulation, and deficiencies in communication with medical staff. There is limited conviction, and uncertainty persists in the initiation and monitoring of OAC treatment by family doctors.

Key words: control of anticoagulant treatment, Warfarin management, oral anticoagulants, atrial fibrillation.

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