

## ANTICOAGULANTS AND DRUGS AT INTERACTION RISK

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**Background:** Oral Anticoagulants were commonly used for the prevention of thromboembolic events in patients affected by chronic atrial fibrillation, prosthetic heart valves, coronary artery disease and venous thromboembolism. Hemorrhage is the major complication due to oral anticoagulant use, therefore, the intensity of anticoagulant is generally assessed by monitoring of international normalized ratio (INR) values. Many drugs had been reported to interact with anticoagulants, as a consequence monitoring and dose adjustments are frequently required. **Aim:** The main objective of this study was to assess the prevalence of coprescriptions at interaction risk with anticoagulants. Secondary objectives were to investigate prevalence of use and one-year incidence of anticoagulants use during the years 2003-2005. **Methods:** Data source was Arianna database of “Caserta-1” Local Health Service which collects drug prescriptions linked to medical diagnoses of almost 300,000 inhabitants registered in lists of 243 general practitioners (GPs). For this study, 93 GPs, who continuously sent data of their patients during the years 2003-5, were recruited. Prevalence of use and incidence of new treatments with anticoagulants were calculated for each year. Prevalence of coprescriptions at interaction risk with anticoagulants was measured at the same date. **Results:** Prevalence of anticoagulant drug use (per 1,000 inhabitants) remained the same from 2003 (7.6; 95% CI 7.0-8.1) to 2004 (7.8; 7.2-8.3) and increased during 2005 (8.8; 8.3-9.4). Incidence of new treatments raised from 2004 to 2005 (1.7 vs 2.6). Concerning coprescriptions at interaction risk, on a total sample of 1.166 patients treated with anticoagulants, 744 (64%) had one coprescriptions at interaction risk at least. In particular, amiodarone (231 patients, 20%), statins (214, 18%), NSAIDs (195, 17%) and quinolone antibacterials (115, 10%) were the most coprescribed drugs at interaction risk. **Conclusion:** An high number of patients received coprescriptions at interaction risk. In patients treated with anticoagulants who need to add a new therapy, it should be considered the use of alternative drugs with less potential for interactions, if possible.