Pharmaceutical counseling process for orally anticoagulated patient: effect, variability factors and patient satisfaction over two years.

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Background Pharmaceutical counseling (PC) is a key part of patient care management especially in the oral anticoagulant (OAC) therapy field to improve their benefit-to-risk balance. Since 2015, our hospital has set a PC program for patients with OAC therapy: vitamin K antagonists (VKA) and direct oral anticoagulants (DOAC).

Purpose To evaluate the PC program by assessing patient knowledge evolution, identifying potential factors responsible for knowledge variation, and collecting patient satisfaction.

Method This prospective study took place between April 2015 and April 2017. Inpatients hospitalized in cardiology unit with initiated or continued OAC medication were included. Our process was designed to transmit the required knowledge to optimize their OAC therapy management. The PC program four steps were D0 and D1 corresponding to patient counseling during hospitalization at first day and day 1, and M1 and M6 related to patient phone interviews 1 and 6 months after hospitalization. The percentage of acquired knowledge (PAK) was assessed for each skill at D0, M1 and M6, depending on patient ability to rephrase the transmitted knowledge. The studied predictable factors affecting patient knowledge were: conduction of the D1 step, OAC initiation or continuation, VKA or DOAC, atrial fibrillation or thromboembolic disease, age (75 years old or more) and number of co-medications. Patient satisfaction was assessed by an anonymous questionnaire submitted at D1.

Findings During our study, 437 patients were included in the PC program. 256, 191, 165 and 86 patients benefited from PC at D0, D1, M1, and M6 respectively. The mean PAK was 56.9% for all skills at D0, 69.7% at M1 and 73.2% at M6. Subgroup analysis at D0 showed the two main variability factors were the type of OAC and the treatment history: the VKA group had a significant better knowledge in drug identification (p=0.0012), self-surveillance (p=0.012), and intake doses (p=0.0012). The continuation group had a significant better knowledge in identification (p=6.0208e-11), intake times (p=0.0002) and intake doses (p=8.66e-5). We also found patients with thromboembolic disease to be more aware of under-dosing signs (p=0.03). Finally, 66% of patients who evaluated this PC program were satisfied, and 33% very satisfied (n=79).

Conclusion The PC program dedicated to OACs has a positive impact on patient knowledge over time regarding treatment management. The subgroup analysis will allow us to adapt each interview depending on patient profile, leading to a better patient care management. The high patient satisfaction encourages us to keep moving forward.