Letter to the Editor

Self-managed anticoagulation is safe and effective

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We read with interest the article by Christensen et al. [1] and agree with their conclusion that self-managed anticoagulation is an effective method of managing oral anticoagulation therapy. In their review of the literature, we were surprised that they did not include a prospective randomised trial from our unit [2]. Our own program was initiated after a presentation by Dr. Hasenkam at the EACTS meeting in 1996 [3]. We believe that our study answers some of the questions that may be raised by readers.

One of the concerns clinicians may have about self-managed anticoagulation is that it only suits younger patients. In our study, the mean age of patients was 66 years. This is much higher than that of the group in the study by Christensen et al. (mean age 47.6).

Furthermore, Christensen et al. discuss the question of time in therapeutic range. Although we demonstrated very similar times in therapeutic range to their figures and to the literature (self-managed group: 76% and control group: 64%) we believe that sometimes these comparisons with the literature can be biased as the therapeutic ranges are not equivalent; a larger proportion of patients will be in therapeutic range if this is wider.

There are many approaches to training patients for self-managed anticoagulation. A very important component of the training is to educate patients, make them aware that they are actually responsible for their management and stress the importance of their decisions as to dosing. Our current training program is very structured. A specialist nurse provides training during two sessions lasting 3 h each, usually a week apart. Patient education includes theoretical knowledge (at layperson level) on the coagulation process, the action of warfarin, the concept of therapeutic range, effects of over and under dosing, and the effects of other drugs, diet and alcohol. In the practical component of the training, patients carry out five supervised tests in the first week and four supervised and one unsupervised test the following week. They then have to pass a simple exam before they are allowed to practise self-managed anticoagulation.

Lastly, in the conference discussion [1], Dr. Sergeant suggests that there is a safety issue regarding self-management with inappropriate family practitioner supervision. We would argue that properly trained patients, using a single coagulometer, and adjusting their own dosing, based on their own experience may be a system where many variables (such as different coagulometers, different methods of blood collection and different clinicians changing the dose of warfarin), have been eliminated and should be safer.

References


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