Oral anticoagulant therapy in Italy: prescribing prevalence and clinical reasons

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Abstract

Background: Oral anticoagulants (OAs) are recommended for many clinical problems and their use requires organised and knowledgeable medical support. Up to our knowledge, there is no data about both the reasons of treatment among OAs’ users and the number of patients prescribed with OAs in Italy.

Objectives: To describe the OA use, and the reasons of prescribing among Italian General Practitioners.

Methods: We used the Health Search Database owned by the Italian College of General Practitioners to identify the clinical records of patients ≥20 years who had at least one prescription of OAs during the year 2002.

Results: Among a study population of 448,495 patients, 3649 subjects (0.81%) had received at least one OAs prescription. Applying such a proportion to the overall Italian population, on the basis of data from Italian Office for National Statistics (ISTAT), we estimated that 376,882 patients would have used OAs during the year 2002 in Italy. The most frequent clinical problem related to the use of OAs was atrial fibrillation (45.6%), followed by cardiac valve disease (14.6%), deep vein thrombosis (12.2%) and peripheral artery embolism (7.7%).

Conclusions: Approximately 370,000 patients are prescribed with OAs in Italy and for more than 50% of them life-long therapy is recommended. Atrial fibrillation is the most frequent reason for prescription.

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1. Background

Oral anticoagulants (OAs), including coumadin and derivatives, should be prescribed in many clinical conditions, according to international guidelines [1]. Particularly, OAs are recommended for the management of venous thromboembolism, the prophylaxis and/or treatment of the thromboembolic complications associated with atrial fibrillation (AF) and/or cardiac valve replacement, and the prevention of recurrent myocardial infarction, and of thromboembolic events after myocardial infarction [2]. Despite the clinical efficacy, OAs are associated with a narrow therapeutic window, potential for drug interactions, and representing a risk for developing of hemorrhage in any tissue or organ: 1% of fatal risk, 3–6% of serious risk [3–4].

Therefore, treatment with OAs requires an organised and careful surveillance to maximise the benefits and minimise the risks of the therapy. Data on the reasons and patterns of OAs prescription could be useful to guarantee an adequate organisation for monitoring anti-coagulated patients.

As far as we know, similar studies are not available in Italy up to now. Since all prescriptions for OAs are filled by GPs, we decided to use database of the Italian College of General Practitioners in order to obtain information about prevalence and reasons of OAs prescription.

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