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Use of resources and cost in the management of gastrointestinal hemorrhage caused by oral anticoagulants

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We use this protocol and it's working

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Abstract

Introduction: Oral anticoagulants (OACs) used to treat nonvalvular atrial fibrillation (NVAF) are frequently associated with complications, especially gastrointestinal hemorrhage (GH).

Objective: To determine the use of resources and costs in the in-hospital treatment of GH in a group of patients with NVAF from Colombia.

Methods: This was a retrospective study of a cohort of patients who were diagnosed with NVAF and treated with an OAC (apixaban, rivaroxaban, dabigatran or warfarin) between 2018 and 2022 and who were hospitalized for GH. Information on diagnoses, GH location, administered medications, procedures, hospital stay, and health care costs was collected, adjusted to 2022.

Results: In total, 59 patients from nine different cities were identified, the mean age was 82.9 ± 12.6 years, and most were men (61.0%) who were admitted to nine clinics for GH. High GH was the most frequently identified form (78.0%). The most commonly used OACs were apixaban (44.1%), rivaroxaban (35.6%), warfarin (15.3%) and dabigatran (5.1%). The mean hospital stay was 6.4 ± 5.9 days, and 18.3% of the patients were admitted to the intensive care unit. Patients also received medications that increase the risk of bleeding, such as acetylsalicylic acid (45.8%), the antiplatelet inhibitor P2Y12 (15.3%) and systemic glucocorticoids (23.7%). The average direct cost of all hospital care was USD 872 ± 1315 per patient, which corresponds to 13% of the country's gross domestic product per capita.

Conclusions: GH patients with NVAF generates a significant cost for the use of resources such as medications, procedures and care that affect the country's health system.

Attachments



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