Long-term Anticoagulant Therapy with Warfarin and its Risks and Pitfalls in Old Age

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Background: With increasing age occurrence of diseases requiring anticoagulant therapy (AT) (incl. long-term) grows. Simultaneously present multi-morbidity grows as well together with related polypharmacy, including increased risk of drug interactions. Purpose: An analysis of risks of bleeding in the elderly and occurrence of complications at long-term AT. Authors demonstrate an importance of the problems by clinical observations of 20 cases. Material and Methods: During the considered period of two years the authors treated 2702 elderly patients aged in average 78±9,5 y. Out of this number there were 940 men (aged 75,1±9,8 y.) and 1802 women (aged 79±8,9 y.). All the patients were admitted non-selectively from the catchment area of Brno city where 120 000 inhabitants live. A subgroup of 20 old patients during the whole of the two-year period was affected by pathologically increased prothrombin time and clinical signs of bleeding which were the main cause of hospitalization and reassessment of current AT. Results: AT (heparin or LMWH at the beginning) was used as short-term therapy during hospitalization in 908 patients altogether. Long-term AT was recommended in 351 persons (13%). The reasons of its usage were especially: atrial fibrillation, pulmonary embolism, venous thrombosis or artificial material in the heart. In the subgroup of 20 persons with bleeding complications detailed analyses of the case history (cause of the AT failure), presence of the multi-morbidities, drug interactions, including analyses of the mental and social status (loneliness) have been carried out. The authors evaluated clinical signs and consequences of AT, which were the reason for acute hospitalization and recommendation for further proceeding in this small patients’ subgroup. Conclusions: Also in old age long-term AT is started usually after a forethought particularly according to the cardiological indication. Regular monitoring of AT is highly convenient and modification of the warfarin doses according to INR levels as well. Authors point out some aspects, risks and pitfalls of AT considering possibilities of prevention from mentioned complications.