2016, we selected patients with a concomitant DOAC and AP prescription during their hospitalisation. Medical history, clinical and medication data were retrieved from the electronic medical record. Based on current guidelines, a decision tool was developed to evaluate the appropriateness of combined DOAC-AP therapy according to three classifications: ‘likely appropriate’ (i.e. in line with current guidelines); ‘out of guidelines’; and ‘debatable’. Evaluations were performed first by the clinical pharmacist. Complex cases were then discussed with specialist physicians.

Results Among 336 patients screened, 106 (31%) received combined DOAC-AP therapy during their hospitalisation. Fifty-two prescriptions (49%) were considered as ‘likely appropriate’, 51 (48%) were rated as ‘out of guidelines’ (including 27 patients with stable coronary artery disease) and no consensus was achieved for three (3%; judged as ‘debatable’). Eighteen patients had undergone a PCI in the past 6 months. The antiplatelet scheme was a combination of aspirin and clopidogrel in 14 (82%) patients and DOAC prescription’s adjustment was performed in 10 patients (59%).

Conclusion Half of the patients on DOAC received a potentially unsuitable AP therapy, showing the potential of prescription optimisation. Additional data from clinical trials is also urgently needed, to improve the level of evidence and reinforce the strength of recommendations in clinical guidelines.

REFERENCES AND/OR ACKNOWLEDGEMENTS

None.

No conflict of interest.
vs 44% p=0.048) and higher erythropoietin substitution were needed for patients who had severe drug interactions (21409 ±10 991 vs 18500±11480 IU/month, p=0.197) compared to those patients who did not.

**Conclusion** Dialysis patients may experience severe potential DIs. Their anticoagulant regime should be personalised. Clinicians should be cautious when prescribing drugs to them. Involving clinical pharmacists in the primary team is advisable to prevent DIs.

**REFERENCES AND/OR ACKNOWLEDGEMENTS**
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4960860/
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4765624/
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5051256/

No conflict of interest.