dabigatran and rivaroxaban are third-line options.^{1 2} In 2014, warfarin was prescribed in 81% of cases in the MMUH. National data indicate DOACs are now prescribed more often than warfarin.²

Aim and objectives To identify current MMUH OAC prescribing practice and compare results with 2014 data.

Material and methods A point prevalence audit was completed in November 2018 by clinical pharmacists, across 30 wards on all patients receiving OACs. The OAC, indication, dose, prescribing team speciality and if treatment was commenced on this MMUH admission were recorded. Results were collated, analysed and compared with an identical 2014 audit.

Results More MMUH patients were prescribed OACs in 2018 (n=87) than in 2014 (n=53) (p<0.01). Apixaban was the most commonly prescribed OAC (48%), followed by rivaroxaban (20%), warfarin (16%), dabigatran (14%) and edoxaban (2%). In 2014, warfarin was the most commonly prescribed OAC (81%), followed by rivaroxaban (15%), apixaban (2%) and dabigatran (2%). DOAC prescribing was mainly for licensed indications and doses.

Medicines for the elderly speciality had the most patients on OACs in both 2018 (n=29) and 2014 (n=14). The majority of patients prescribed OACs in both 2014 and 2018 were aged 60 years or over. In 2014, all patients <60 years of age requiring oral anticoagulation were on warfarin. In 2018, all these patients were on DOACs. The number of patients starting OACs during MMUH admission was almost 10% higher in 2018 (n=27) than in 2014 (n=11) (p=0.18).

Conclusion and relevance Apixaban was the most commonly prescribed OAC in the MMUH. Use of warfarin has decreased from 81% in 2014 to 16% in 2018 and is now surpassed by DOAC prescribing (p<0.01). Increased OAC prescribing means increased pharmacy workload in terms of medication review and patient education.

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No conflict of interest.

4CPS-013 EFFECT OF 2 MG INTRAVENOUS PHYTONADIONE TREATMENT ON INTERNATIONAL NORMALISED RATIO IN THE HOSPITALISED ADULT

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10.1136/ejhp-pharm-2020-eahpconf.114

Background and importance Phytonadione is widely used in patients with an elevated international normalised ratio (INR) in whom the goal is rapid reversal of INR to a safe range, whether in preparation for an invasive procedure or in supra-therapeutic INR due to vitamin K antagonist (VKA) treatment. Vitamin K promotes liver synthesis of clotting factors (II, VII, IX, X) by an unknown mechanism; nonetheless, it has not been clearly demonstrated that phytonadione lowers the risk of major haemorrhage. Moreover, intravenous phytonadione administration is not free of side effects such as anaphylactoid reaction, overcorrection of INR or resistance to VKAs. Lack of compliance between published guidelines is probably because of the limited data available.

Aim and objectives The aim of the study was to analyse the reversal effect of INR caused to 2 mg intravenous phytonadione treatment depending on the initial INR and to evaluate if lowering INR is directly related to the number of doses administered.

Material and methods A retrospective observational study was carried out based on data obtained from the hospital database that included all hospitalised adults treated with 2 mg intravenous phytonadione in 2019. The analysis was developed by Stata/IC-V.15 and commandos *cir means*, *cir, ttest* and *twoway scatter*. The collected parameters were date of birth, sex, frequency, number of doses administered, INR values, date and hour INR values were collected and vitamin K administrations.

Results The study included 47 adults: 24 (51.1%) men and 23 (48.9%) women. Four frequencies were registered: unique dose (29.8%), 24 hours (29.8%), 12 hours (12.8%) and 8 hours (27.7%). Average age was 74.3 years (95% CI 70.4 to 78.3). No mean difference in age was found between men and women (p=0.32). There were significant differences between those adults not anticoagulated and those anticoagulated (p=0.001; 12.1 (95% CI 5.1 to 19.2)) and between VKA treated and not treated (p=0.0001; 14.4 (95% CI 7.4 to 21.4)). Pearson correlation of INR reversal was significantly related to the original INR value (r=-0.99 (95% CI -0.99476 to -0.98301); p=0.000) and VKAs/no VKAs (r=-0.52 (95% CI -0.70 to -0.27); p=0.000) but was not related to the number of doses administered (0.14 (95% CI -0.18 to 0.42); p=0.39) or age (p=0.12 (95% CI -0.39 to 0.18); p=0.44).

Conclusion and relevance Even though the INR is not universally accepted as a parameter for evaluating haemorrhage risk, it demonstrates that phytonadione reversal of an elevated INR depends on the VKA treatment status of the patient and the initial INR value but not the number of doses administered or age.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-014 CLINICAL AND ASSISTED IMPACT OF ISCHAEMIC ICTUS IN PATIENTS TREATED WITH ORAL ANTICOAGULANTS

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10.1136/ejhp-pharm-2020-eahpconf.115

Background and importance Anticoagulants are one of the therapeutic groups most frequently involved in drug related problems in the emergency services. However, the therapeutic management and the impact of assistance for those anticoagulated patients who suffer a stroke episode are not known.

Aim and objectives To describe the therapeutic management and healthcare impact of patients with atrial fibrillation treated with oral anticoagulants (OAT) admitted in an emergency services due to a thromboembolic stroke.

Material and methods This was a retrospective observational study. Adult patients (>18 years old) with atrial fibrillation receiving treatment with OAT admitted for cardioembolic stroke were included (January 2017–June 2019). Anticoagulant dosing prior to the stroke episode was evaluated. The