

Oral Anticoagulation Therapy in Era of Integrated Care

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Vitamin K antagonists and more recently, direct oral anticoagulants (DOA) are commonly used for the prevention and treatment of systemic embolism associated with atrial fibrillation and venous thromboembolism (VTE) on an outpatient clinic [1].

Usually, patients treated with oral anticoagulants at the outpatient clinic, can be followed by family doctors in primary health centers, by cardiologists or internists in tertiary hospitals, or rarely by a specialized team in anticoagulation clinics.

Recently, an integrated care has been proposed as a solution for the increasing disease burden of atrial fibrillation (AF) (Figure 1), This approach was recommended in the 2016 European Society of Cardiology (ESC) guidelines on the management of AF (Class IIa recommendation, level of evidence B) [2]. The reason for integrated care is due to the fact that AF is no longer seen as an isolated heart rhythm disorder with an increased risk of stroke and has come to be seen as a “hypercoagulability state” caused by the presence of multiple underlying and interacting comorbidities [3].

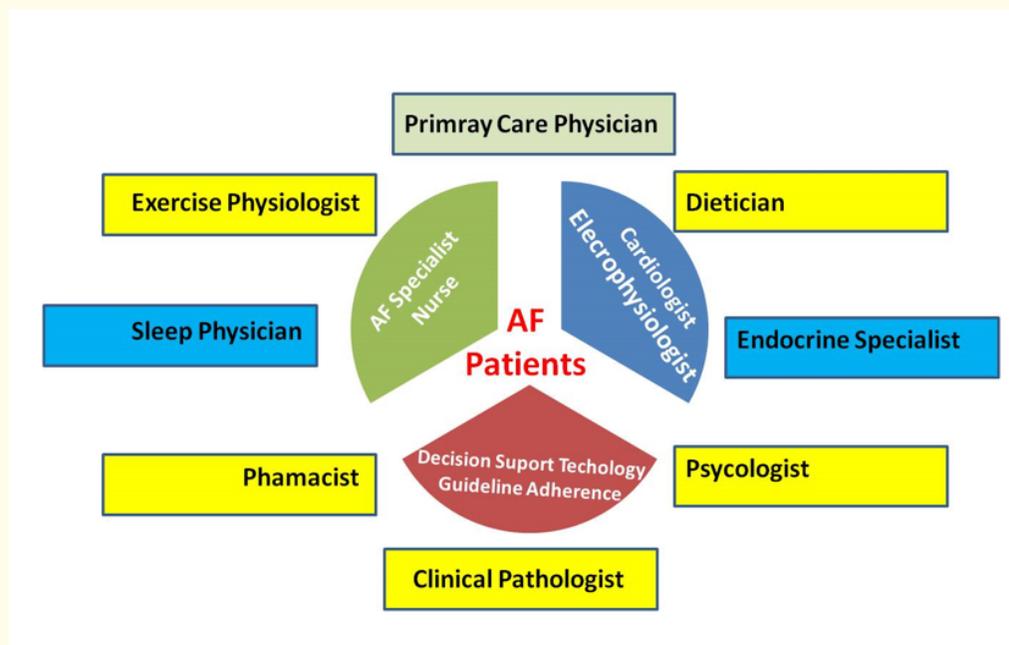


Figure 1: Suggested schematic for application of the integrated care approach in atrial fibrillation (AF) (modified and reproduced from Gallagher., et al. [4].

A meta-analysis published by Gallagher, *et al.* shows that integrated care of AF patients demonstrate a reduction in all-cause mortality and cardiovascular hospitalization, in tertiary centers [4]. In addition, the RACE 4 study confirmed that integrated care led by nurses reduces cardiac mortality and hospitalization. However, these results were only seen in patients treated at experienced AF clinics [5]. In addition, an den Dries, *et al.* describe that integrated care of elderly patients with AF, in primary care, when compared to usual care, reduces mortality by all causes by 45% [6].

In this issue of journal, Suvro Banerjee, *et al.* [7] presents a review on the integrated management of patients on anticoagulant therapy in different pathologies. The authors emphasize that this integrated management is well established in patients with atrial fibrillation associated or not with coronary disease and they suggest also that this integrated management model should be extended to all clinical situations that require anticoagulant therapy.

On the other hand, the authors warn of the lack of an integrated approach in patients with venous thromboembolism (VTE). Taking into account the high prevalence of VTE in India, they propose the development of an integrated VTE-related anticoagulation management, Suvro Banerjee, *et al.* point out that the integrated VTE-related anticoagulation management should include the following requirements [7]:

- “Qualified nurses”;
- “Interdisciplinary working with physicians for care of in-hospital as well as ambulatory patients”;
- “Standard treatment protocols”;
- “Bidirectional referral pathways between general practice and the hospital”.

We totally agree that studies comparing integrated care with usual care in the treatment of venous thromboembolism are of crucial importance and should be carried out as soon as possible. An integrated care team for treatment venous thromboembolism should be proposed.

Conflict of Interests

None to declare.

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