

00074 Optimal International Normalized Ratio Range for Asian Patients on Anticoagulation Therapy in Singapore

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Aims: To determine the optimal INR range with the lowest thromboembolism and bleeding rates for the Singapore population receiving warfarin therapy

Methodology: A retrospective cohort study was conducted with patients on warfarin from Singapore General Hospital (SGH) and National Heart Centre Singapore (NHCS), between 1 January 2010 and 31 December 2014, who were more than 18 years old with therapeutic target range within 1.5-3.5. Hospitalisation and accident and emergency (A&E) visits in both centres were analysed for warfarin-related thromboembolism and bleeding events. Thromboembolic events included ischemic stroke, deep vein thrombosis and pulmonary embolism. Bleeding events were differentiated into major and minor bleeds, with major bleeding as defined by the International Society on Thrombosis and Haemostasis

Result: A total of 1216 patients were included in the study, 53% were male, 79% Chinese, 13% Malay, 7% Indian, median age 67 yo. Indication for warfarin AF (57.3%), Prosthetic Heart Valve Replacement (16.9%), DVT (10.3%), PE (6.3%), Intra-cardia thrombus (6.3%). There were 1776 thromboembolic or bleeding events, with 945 (53%) minor bleeds, with 339 (19%) major bleeds and 492 (28%) thromboembolic events. The INR range of 2.01-2.60 was found to correspond with a combined major bleeding and thromboembolism risk of 2.9%.

Conclusion: The optimal INR range for Asian patients on anticoagulation therapy in Singapore was 2.01-2.60, with the lowest combined major bleeding and thrombosis incidence of 2.9%.