

MALATTIE EMORRAGICHE CONGENITE E ACQUISITE

## EMERGENCY ROOM PHYSICIANS AND ORAL ANTICOAGULANTS RELATED BLEEDING.

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**Background.** Emergency Room (ER) physicians are often the first to manage major bleeding related to oral anticoagulants.

**Methods.** This was a prospective, observational, real-world study that began in January 2020 and ended in December 2022 to evaluate the first therapy performed by ER physicians for patients with bleeding related to oral anticoagulants. To this end, general patient characteristics, laboratory test results, therapy started in the ER to control bleeding, transfer to other departments, and 30-day in-hospital mortality were recorded.

**Results.** A total of 526 consecutive patients were included, 67% treated with DOACs and 33% with VKAs. Among the patients, 25.7% of those on DOACs and 60.2% of those on VKAs

did not receive any treatment for their bleeding events, even when it was necessary. Thirty-day in hospital mortality was 11% for patients treated with DOACs and 17% for those on VKAs. Major bleeding conferred a higher risk of death (OR = 2.95, 1.42-6.16), while, compared with VKAs, treatment with DOACs reduced this risk by 57% (OR = 0.43, 0.26-0.72). Excessive doses were administered to 10.8%, 13%, 18%, and 19%, and major bleeding occurred in 66.7%, 81.95%, 94.7%, and 77.8% of patients treated with rivaroxaban, edoxaban, apixaban, and dabigatran, respectively. Overall, 25.8% of patients, treated primarily with DOACs, were discharged.

**Conclusion.** The management of major or life-threatening bleeding related to oral anticoagulant in the ER appears poor.

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