Impact of Extended Interval INR Testing During the COVID-19 Pandemic

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To determine if extended INR interval monitoring would significantly impact TTR or be associated with emergency department (ED) visits and hospitalizations from bleeding or clotting events.

This IRB-exempt study was a retrospective chart review of anticoagulation visits conducted from March 1st, 2020 to October 1st, 2020. Patients had to meet prespecified criteria for extension. (Figure 2)

- All encounters reviewed were documented by the pharmacist and included a prespecified phrase to notify the team of the extended interval monitoring.
- Outcomes included: TTR at baseline in comparison to TTR at end of extension, bleeding or clotting events that require hospitalization or ED visit(s), and any minor bleeding events that required medical attention.
- Inclusion criteria: Patients had to have anticoagulation visits within the study period and have at least one visit after initial extension.
- Exclusion criteria: Patients with inappropirate visits or no follow-up visit in the study timeframe after initial extension.
- A student t-test and descriptive statistics were used for data analysis.

<table>
<thead>
<tr>
<th>Table 1: Number of Patients in Each Age Group</th>
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<tbody>
<tr>
<td>Age Group</td>
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<tr>
<td>20-30</td>
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<td>31-40</td>
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<td>41-50</td>
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<td>71-80</td>
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<td>81-90</td>
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DISCUSSION & CONCLUSIONS

- A total of 330 patients met inclusion criteria.
- 128 patients were female, 202 were male.
- Majority of patients had a diagnosis of atrial fibrillation, a goal INR range of 2.0-3.0, and were aged 61-90. (Figure 3, 6, and 7)
- During the study time period there were 4/282 (1.4%) INR > over seven months
- There was one bleeding event requiring an office visit, five bleeding events requiring either an ED visit or hospitalization, and two hospital visits for clotting events. Overall, 6/330 (1.82%) of patients experienced at least one bleeding event.
- One bleeding event requiring hospitalization had a subtherapeutic INR at the visit prior to the event, all other INRs were therapeutic at the visit prior to event.
- 16/330 (<5%) of patients were not extended after initial extension.

REFERENCES