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Ensemble améliorons notre qualité de vie !

Gestion Individuelle Responsable
du Traitement Anti-Coagulant

Association for patients under anticoagulants

www.girtac.be

Espace “le roseau“ 15 place Carnoy 1200 Bruxelles

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Gestion Individuelle Responsable du Traitement Anti-Coagulant

Une meilleure synergie pour assurer la vie

Who are we?

- 22 January 2005: creation of the association
- Association for patients in need of an anticoagulant treatment

Examples:

Mechanical prosthetic valve
Atrial fibrillation
Congenital malformation
Cardiomyopathy
Recurring thrombosis
…

Our values

✓ Solidarity
✓ Humanism
✓ Simplicity

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Blood-clotting is a balance between factors and inhibitors

- 16.000 new patients under anticoagulants per year in Belgium
- 180.000 patients under anticoagulants in Belgium
- **soon 280 000 patients under anticoagulants because of population aging**
- CVA is the first cause of handicap for adults
- Because of population aging, 1 person out of 4 will suffer from a blood-clotting problem

Non adherence testimonies

- **45 year old Patient** : diagnosed with atrial fibrillation

No explanation: Tambocor 1x /jour

aspegic

Ignorance, circumstance --- cardiac arrest

Non adherence testimonies

- **50 year old patient (Common market):**

  Fibrillation----------sintrom

  Buys coaguchek after 2 months follow-up

  No control because no time to renew his prescription

Non adherence testimonies

- **50 year old person**
- Bank clerck
- Hepathic thrombosis – exploration – Sintrom

  Time…? Little explanation (careful, no cabbage)

  A friend lends coaguchek - first control

  INR 1,5 ..?

  Forgot to take sintrom for the 2 preceeding days

Non-adherence testimonies

- **82 years old person** ---well cerebrated
  under sintrom for 20 years
  (no major problems)
  goes to Doac for 6 months

explanation: easier, no control - trivialization
Pulmonary embolism
Back to sintrom—coaguchek
Regular control---adherence

Conclusion : non adherence

To deliver information is one thing, to have it understood is another one

- Forewarned is forearmed?
- Not sure: a 2012 study about the understanding of instructions deliverd when leaving an emergency ward seems to state the contrary

- Patients were contacted by phone 24-36 heures later: 14% couldn’t remember the diagnostic, 22% didn’t know about their medication, 40 % didn’t know they needed a follow-up and 80 % didn’t remember the care they needed at home.
- Instructions on leave, either a hospital emergency service or a private practice must be clearly describes and written by the doctor. He must make sure his speech was objective and that the patient understood him well.
- The conclusion is the discrepancy between the patients desire and what the doctor wants : « To have a correct clinical diagnosis is now just half of the job »

1. INFORMATION

„Patients need clear and simple information,

tailor made to their personality.“

G. Lip et al (Thromb Haemostasis 2011, 106:997-1011)

„That patients are left with a prescription and only a single advice, but without any kind of formalised support“

Hugo ten Cade (thrombosis and haemostasis 107,5/2012

Is it reasonable to enter in anticoagulation treatment and then not to be compliant?

It would be like sky diving witout following rules and teacher‘s instructions

Information on the GIRTAC website - **www.girtac.be**

Information

- In 2008, testing of an anticoagulation school in Baudour
- Courses is nurse schools (Charleroi & Hornu - ETP)

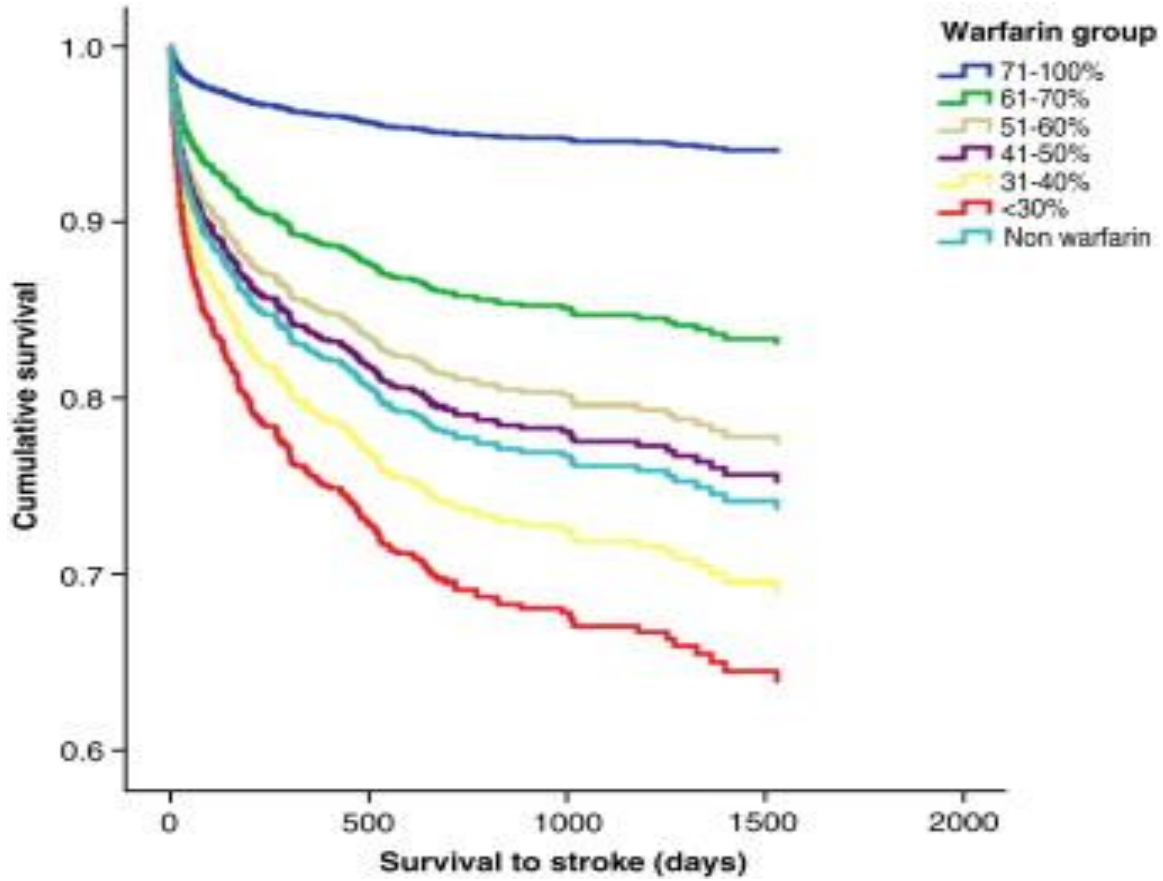
- « AVK for kids » book published by

  CREATIF (Centre de Référence et d'éducation des anti thrombotiques à paris)

- « Better know one's illness and master the treatment » book published by GIRTAC

- Council and treatment follow-up book published by BSTH

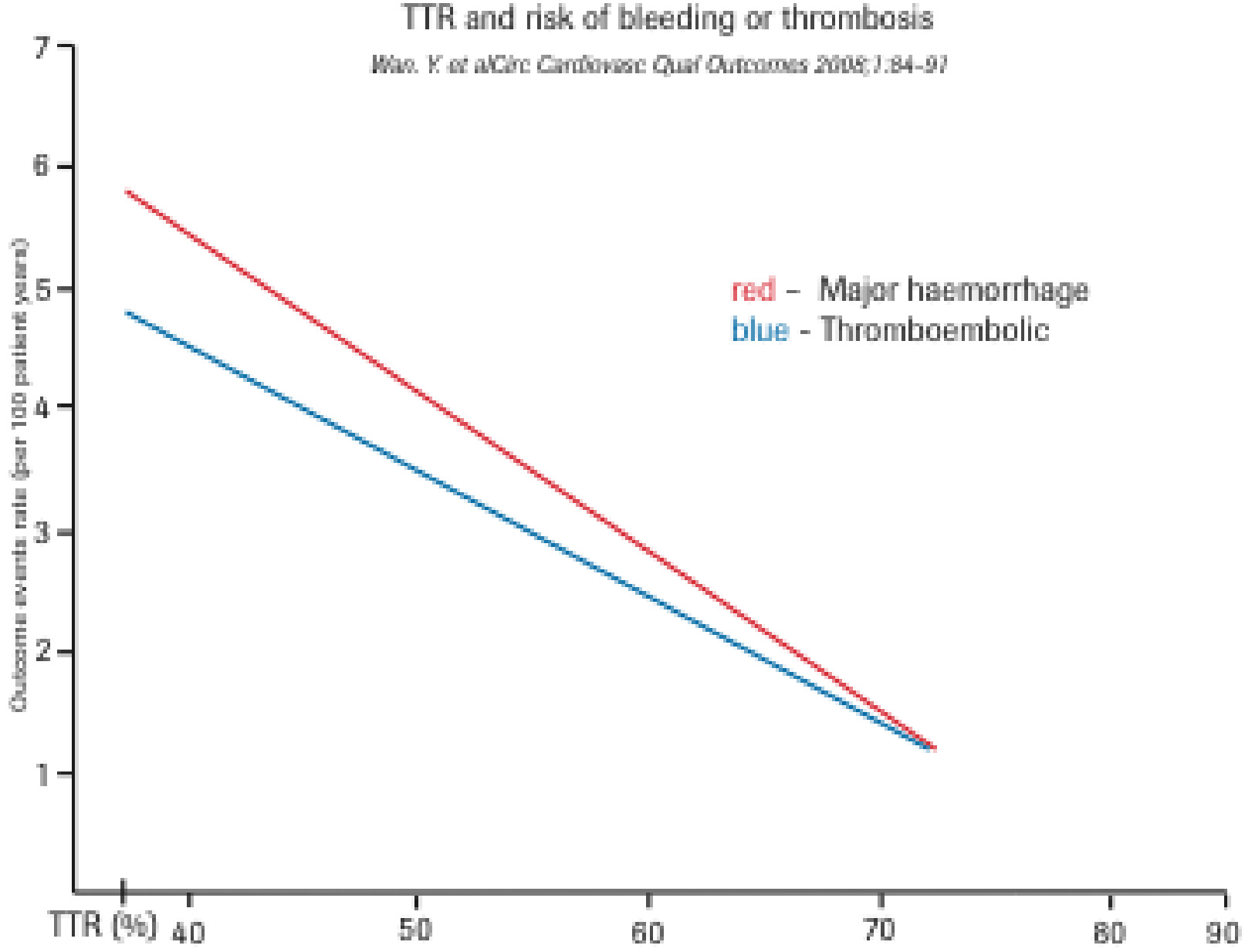
1-info Therapeutic zone time:TTR

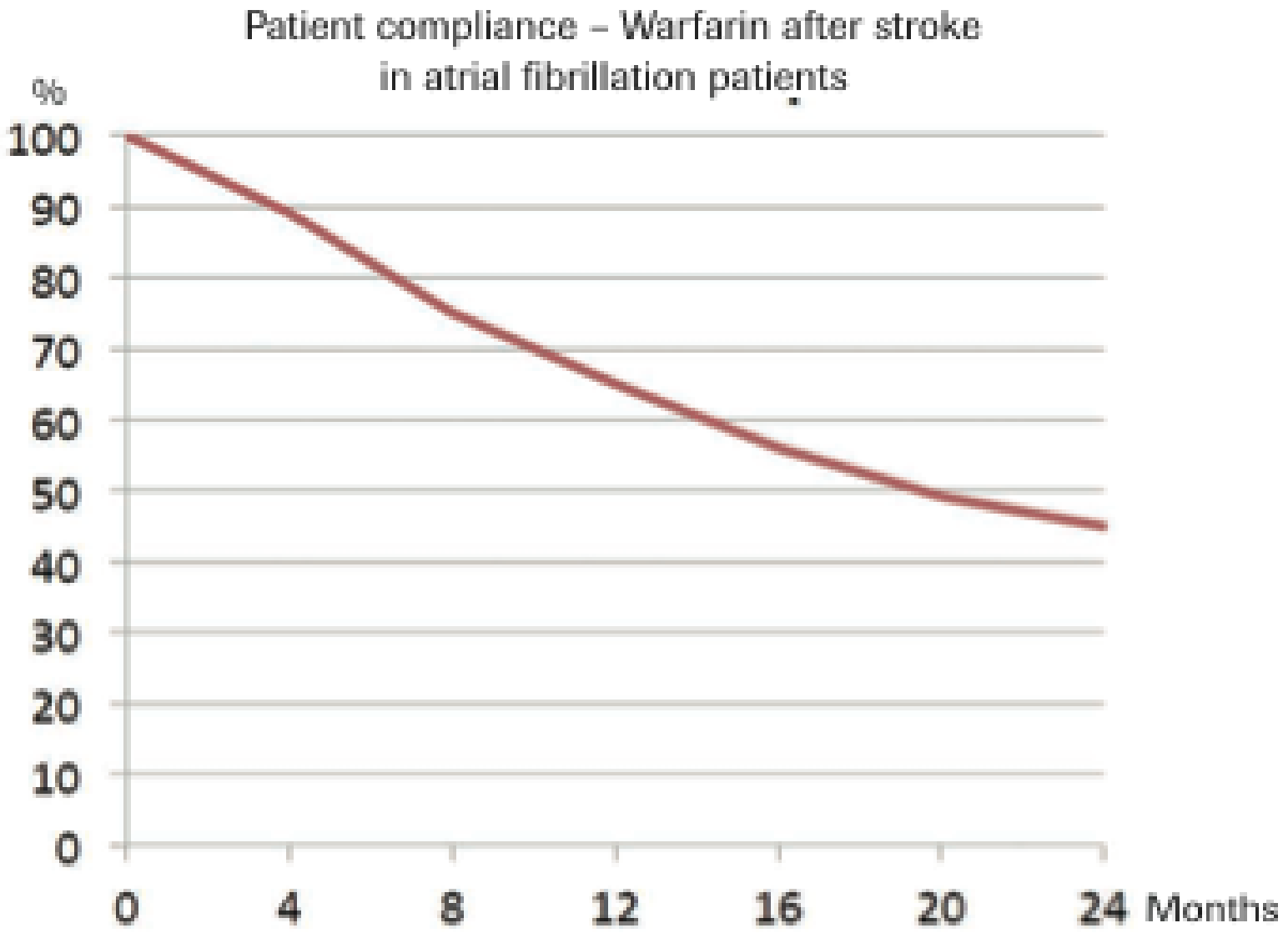


Cox proportional hazards model for survival to post atrial-fibrillation stroke for patients at moderate or high risk of stroke

Li et al. Thrombosis Research Volume 124, Issue 1 2009 37 - 41

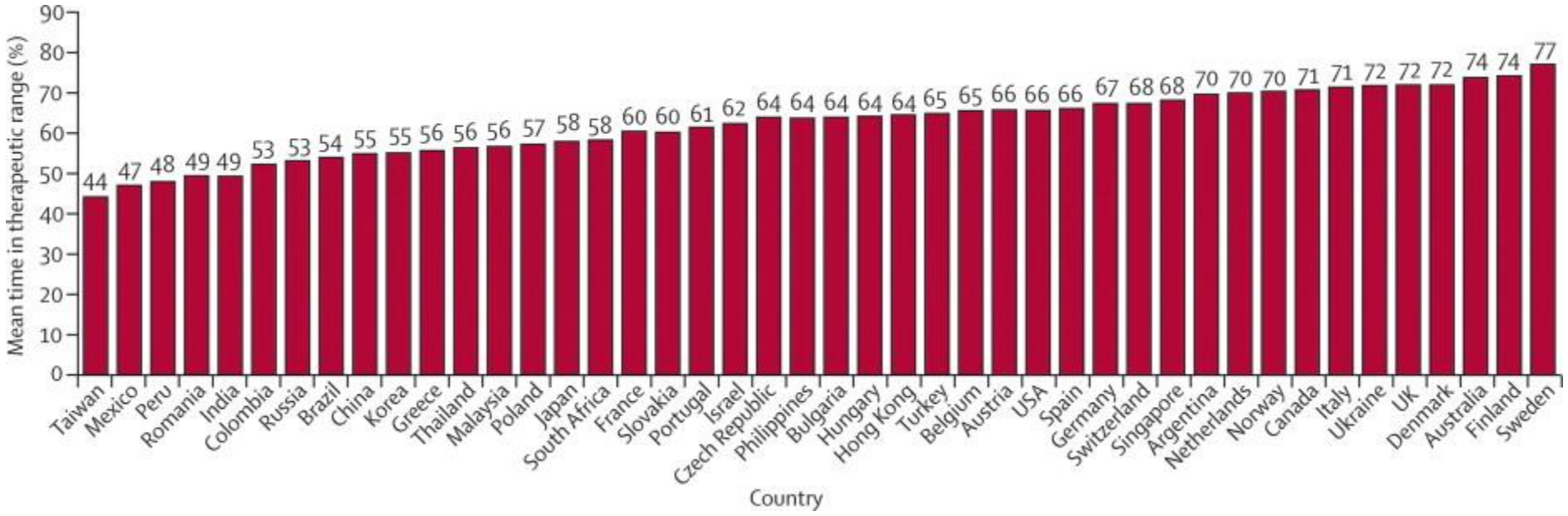
http://dx.doi.org/10.1016/j.thromres.2008.09.016


TTR and risk of bleeding or thrombosis
Wan. Y. et al Circ Cardiovasc Qual Outcomes 2008;1:84-91
red – Major haemorrhage
blue - Thromboembolic
Outcome events rate (per 100 patient years)
7
6
5
4
3
2
1
TTR (%)
40
50
60
70
80
90



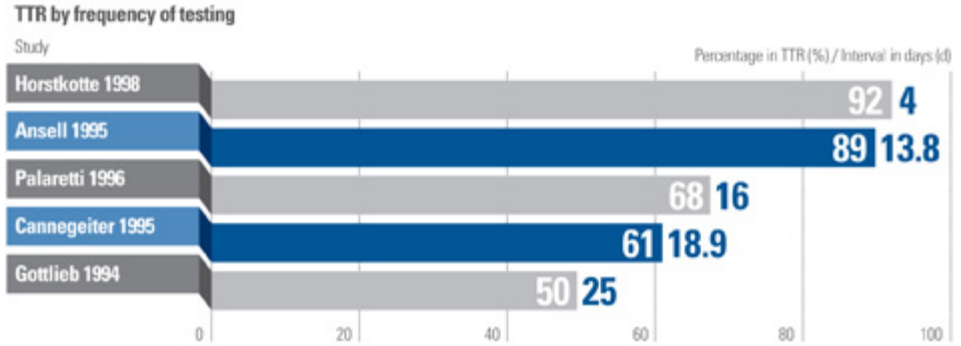
Glader E-L et al. Persistent use of secondary preventive drugs declined rapidly during the first two years after stroke. Stroke 2010;41_397-401

Therapeutic range according to country



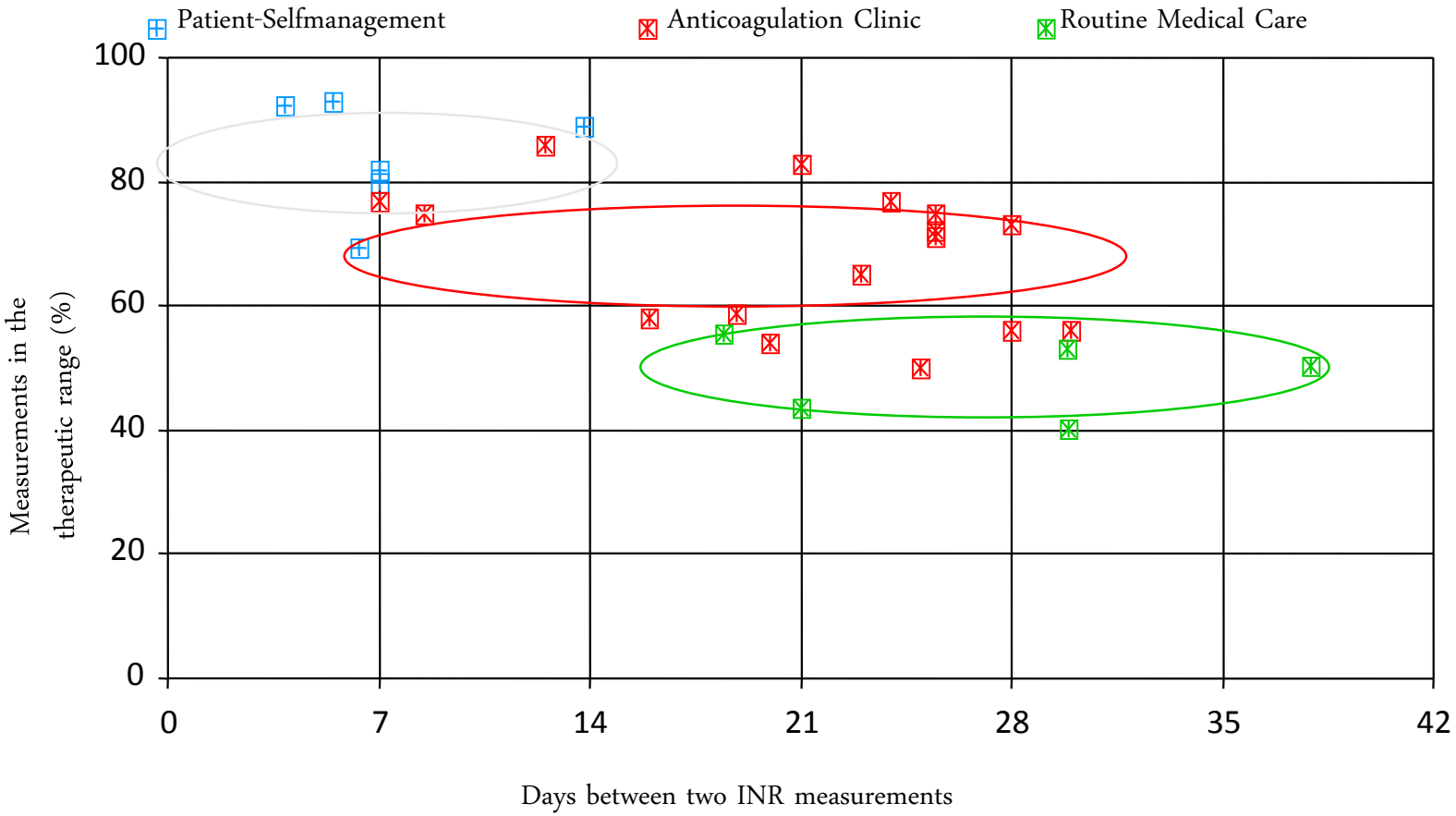
Wallentin et al Lancet. 2010; Lancet. 2010;376: 975– 83.

TTR by frequency of testing



Study	% in TTR	Frequency of INR Testing
Gottlieb 1994	50 %	25 days
Cannegeiter 1995	61%	18.9 days
Palaretti 1996	68%	16 days
Ansell 1995	89%	13.8 days
Horstkotte 1998	92%	4 days

PSM Achieves > 70 % Time in Therapeutic Range (TTR)



Results of 18 published clinical trials

Project of creating an education and follow-up center « integrated care for chronic illnesses »

This project was not accepted but we are still hoping….

Belgium: one of the rare European countries to not have an official structure organized in the field of therapeutic education and follow-up of the anticuagulated patient

2-Compliance

- 50% of patients with a long term treatment do not take/forget to take their medication
- Most of the medicine used for chronical illnesses must undergo a regular monitoring like glucose for diabetes, blood pressure for hypertension.
- **Despite this monitoring, after 2 years**, 50% of the patients have forgotten to take their medication for at least 5 consecutive days
- For non monitored aspirine and clopidogrel, its 75%

- **What will happen with new anticoagulants?**

2-Compliance

- For the classic pillbox, it is important to find and improve all the compliance tools for the treatment
- **The patient need continuous support and motivation to conform to therapy,** including a reminder at the moment of taking the medication
- This permanent contact with the patient enables a better medication compliance
- Smartphone application
- **Medimind** SA, founded in 2013, is a Belgian firm specialized in improving therapeutic adherence. Triangulation patient-doctor-chemist
- **Imedipac (French firm) : The connected pillbox**

2- Continuous reminder

Time and attention from physician's side improves compliance, drug adherence and stable INR-values

3-anticogulant identifaction card

- It is difficult for the lab to give the paramedics accurate indication about the state of anticoagulation of a patient if the prescribed medication is unknown (avk, anti IIa, anti Xa)

-

ID card with a picture and indications:

-name of the medicine

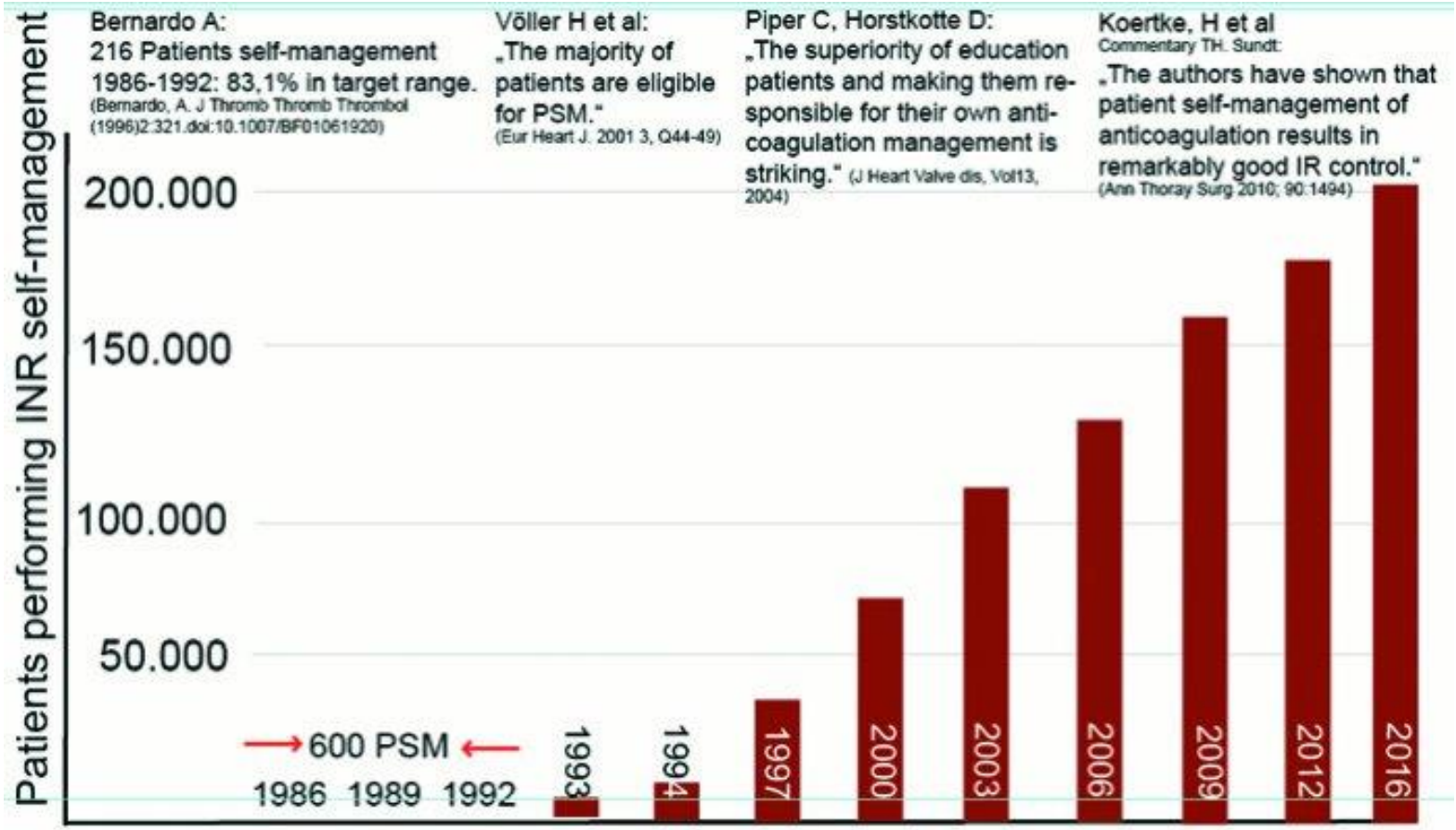
-time of medication

-therapuetic zone

Telephone: private practician, cardiologist, family and picture if possible …..

Member of ISMAAP

International self-monitoring association of oral anticoagulation patients



Study and conclusion of the president ISMAAP

- More than 60 years experience with VKA shows that they are not a "bad medication". In most of the DOAC studies, the efficacy of VKA was comparable to DOAC, although the TTR was very low in the VKA comparison group. With a better INR control, the VKA would have done even better. Unfortunately, we will not get studies comparing well-trained patients self-determining INR values to patients taking DOAC. For me, there is still no need to replace a well-controlled and uncomplicated VKA medication by DOAC.

Study and conclusion of the president ISMAAP

- Another point of course is compliance and adherence.
- Often patients with bad INR control are switched to DOAC. However, if bad INR control was not due to medical problems but caused by bad compliance or adherence, the switch to DOAC was the wrong step. A patient who does not take VKA will also not take DOAC.
- Since DOAC are not monitored, the doctor will not notice if the medication is taken. Monitoring, such as absolutely necessary for VKA, increases adherence and, thus, improves outcome. In my opinion, only very compliant patients should be treated with DOAC, since non-consequent intake of the agents can be harmful due to the short half-life.
- Even not taking one single dose can lead to loss of the anticoagulant effect.
- Incompliant or in adherent patients are absolutely wrong candidates for the DOAC!"

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Our aims

- Bring continuous support to patient throughout their therapy
- Exchange points of view, experiences, but also doubts and victories
- Teach patients to comply to their treatment
- Keep informed with new possibilities of watch and therapies
- Mutualise exchanges between practicians, patients, nurses…
- Be active for new molecules reimbursement and automesure
- Inform the medical and paramedical sector of interferences to treatments

Our achievements

- A website
- Taking part in exhibitions
- **Meeting patients, practicians and nurses (LUSS)**
- Presentations to medical staff by experts
- Taking part in national and international congresses
- **Developping tools to improve patients' compliance**
- Communication campaign about specific topics
- Folders adapted to patients

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Les uns avec les autres
pour un partage de conseils

Espace « la chaine de l 'espoir»

Place Carnoy 15

1200 Bruxelles