

IMPACT OF ANTICOAGULANTS AND ANTIPLATELET AGENTS ON LONG-TERM MORTALITY AFTER HIP FRACTURE

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CONFLICT OF INTEREST DISCLOSURE

we have no potential conflicts of interest to report

BACKGROUND

- ❑ The use of anticoagulants and antiplatelet agents in older people has been rising in relationship to the increasing prevalence of cardiovascular and thromboembolic diseases as appropriate prescription according to STOPP START criteria.
- ❑ Anaemia is mentioned in the literature as a factor associated with increased morbidity and mortality.

OBJECTIVE

- ❑ To evaluate the impact of preoperative anticoagulant and antiplatelet therapy on the long-term mortality of hip fracture patients.
- ❑ To evaluate the predictors by one year mortality.

METHODS(1)

Jan 2015 – Feb 2016 418 patients

1 year follow-up study

Consecutive patients over 65 admitted with hip fracture

n=406

Phase 1: Data collection:

- ❖ Demographic data.
- ❖ Functional (Barthel Index, Functional ambulation classification, Lawton index).
- ❖ Comorbidity (Age-adjusted Charlson comorbidity index).
- ❖ Time to surgery .
- ❖ Use and type of Anticoagulants and antiplatelet agents,
- ❖ Haemoglobin at admission , lowest haemoglobin level, blood transfusion.
- ❖ Complications.
- ❖ length of stay.

Phase 2:

- ❖ Mortality at 1-year follow-up.

METHODS(2)

- **STATISTICAL ANALYSIS:**

Chi-square and Mann-Whitney U test, Kaplan-Meier survival curves, Cox regression model.

SPSS 23.0.

RESULTS

BASE-LINE CHARACTERISTICS

Mean Age	84.9 (SD 7.2)
Female	79.9% (334)
Age-adjusted Charlson comorbidity index	6.1 (IQR 5.0-7.6)
Cognitive impairment	43.5% (182)
Barthel Index	85 (IQR 65 - 95)
Functional ambulation classification	4 (IQR 3 - 5)

RESULTS

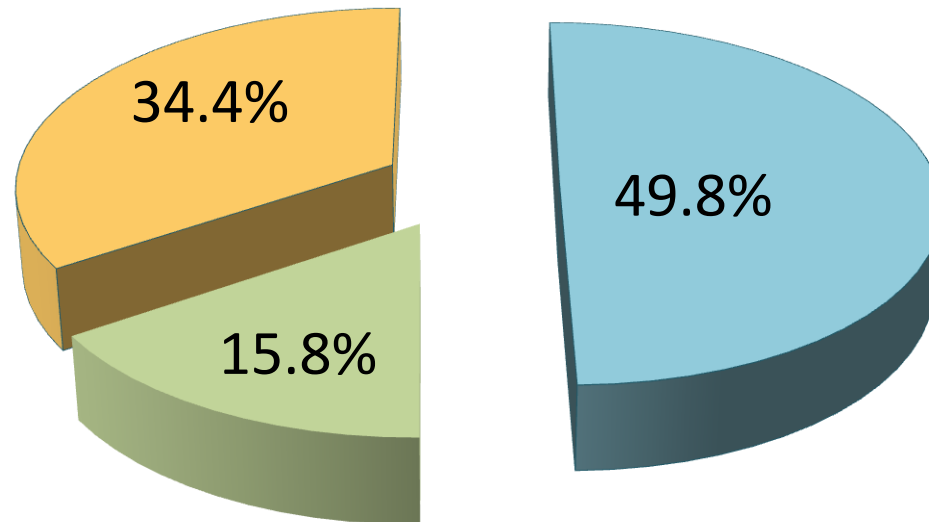
GENERAL CHARACTERISTICS

Time to Surgery (days)	3.8 (IQR 2.1 – 5.3)
Length of Stay (days)	9.3 (IQR 6.4 – 14.7)
Haemoglobin at admission time(mg/dl)	12.7 (IQR 11.4 -13.7)
Lowest Haemoglobin Level(mg/dl)	8.7 (IQR 8.2- 9.7)
Haemoglobin at discharge mg(dl)	10.5 (IQR 9.9 -11.1)
Preoperative Blood Transfusion	24.7% (103)

USE OF ANTICOAGULANTS AND ANTIPLATELETS AGENTS

AAS 100 mg	76.9%
AAS 300 mg	9%
Clopidogrel 75mg	9%
Others	5.1%

Acenocoumarol	86.2%
NOADs	12.3%
LMWHeparin	1.5%

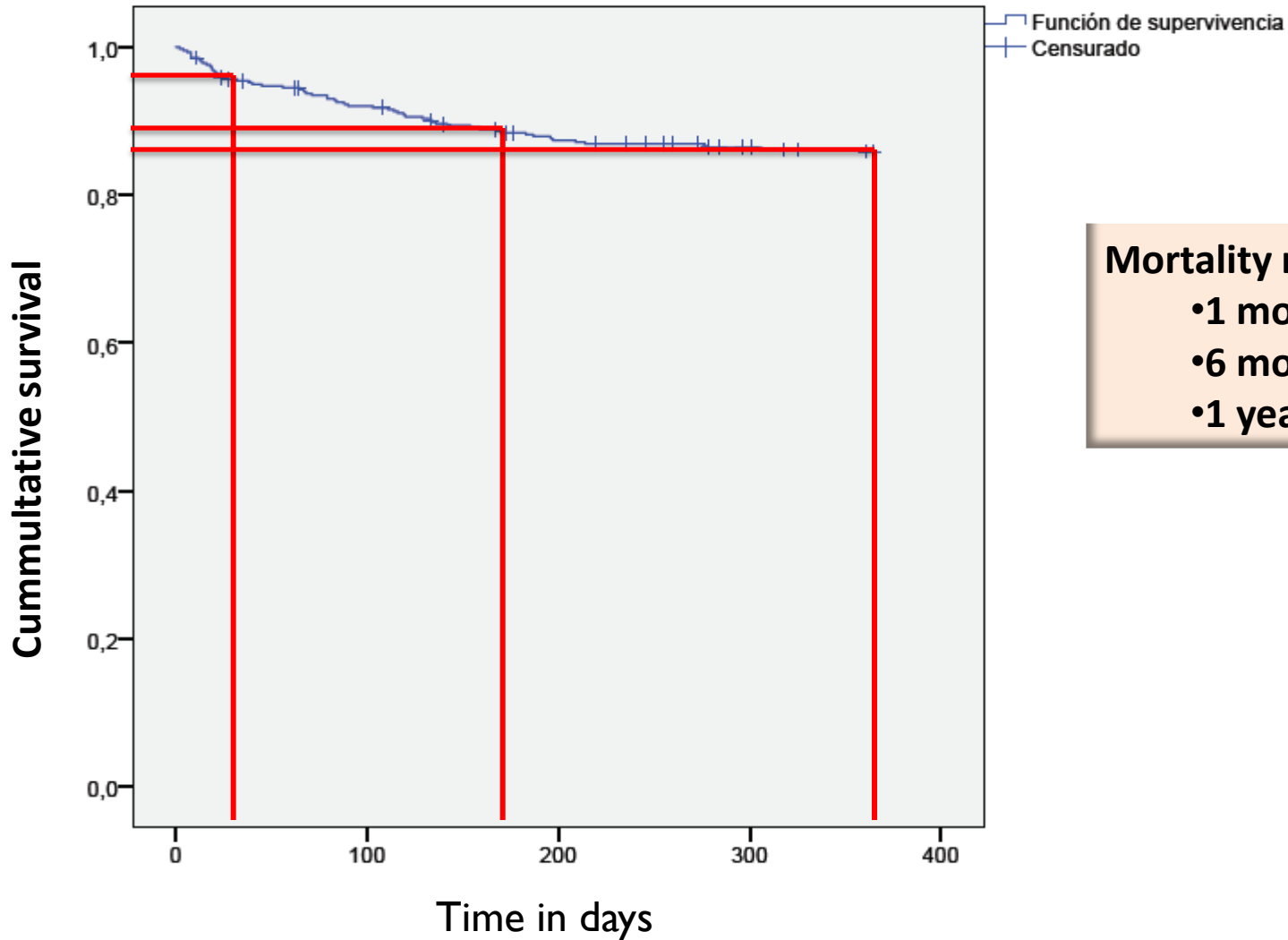


■ NONE ■ ANTICOAGULANTS ■ ANTIPLATELET AGENTS

Univariate Analysis

Variables	p
Gender: male	P<0.001
> Age	p <0.001
> Length of stay	p = 0.002
< Barthel index	p = 0.004
< Functional ambulation classification	p = 0.006
< Lawton index	p =0.008
> Age-adjusted Charlson comorbidity index	p <0.001
< Haemoglobin at admission	p = 0.04
> Complications	p <0.001

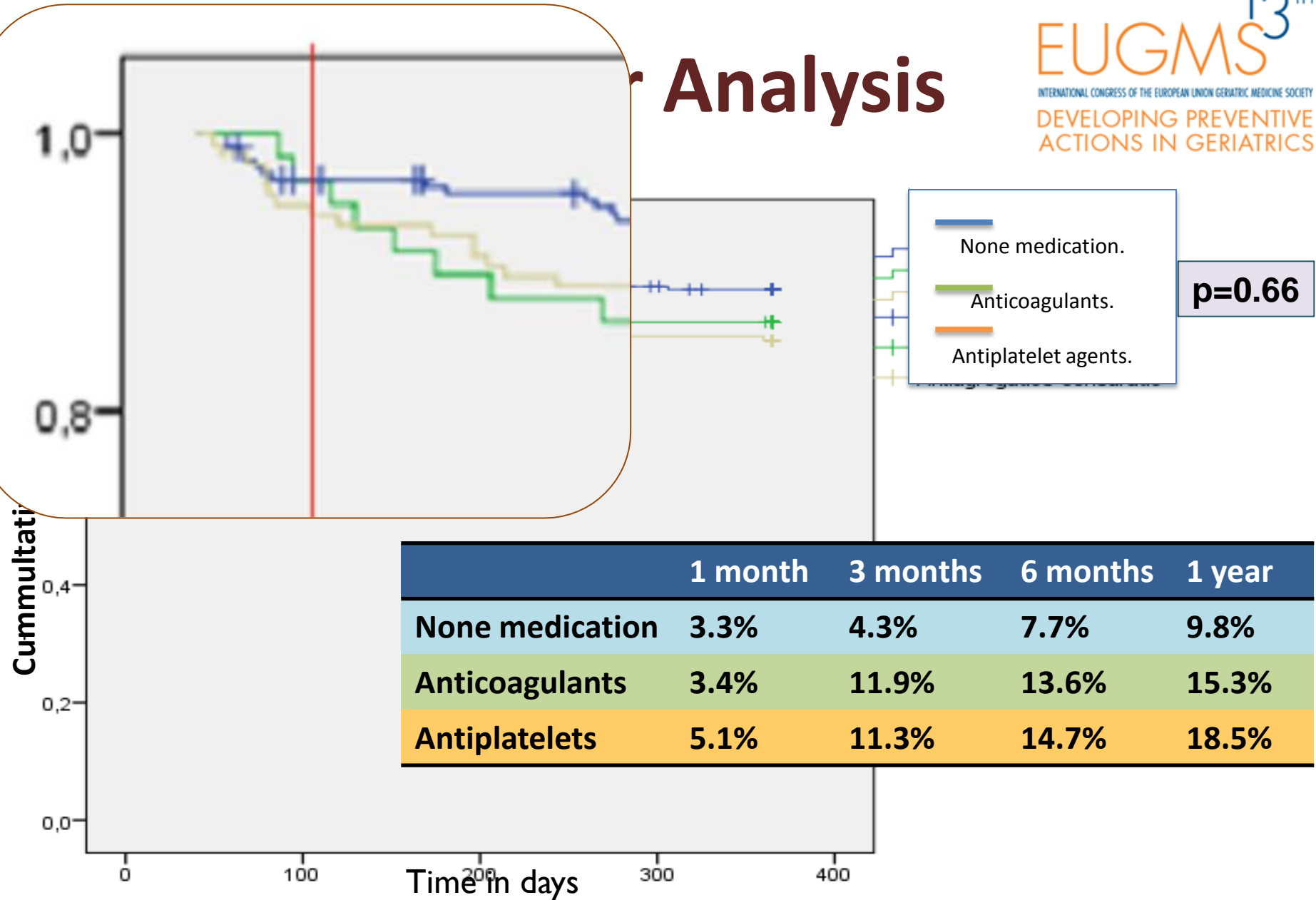
Kaplan Meier Analysis



Mortality rate:

- 1 month: 4.3%.
- 6 months: 11.6%.
- 1 year: 14.1%.

Analysis



PREDICTORS OF ONE YEAR MORTALITY IN MULTIVARIATE ANALYSIS.

	B	Sig	Exp (B)
Gender: Male	0.781	0.010	2.184
Age-adjusted Charlson comorbidity index	0.254	<0.001	1.289
Impaired renal function	0.975	0.001	2.650
Delirium	0.711	0.030	2.037

CONCLUSIONS

- ❑ There was no association between use of anticoagulants and antiplatelet agents and mortality at 1-year follow-up in our sample.
- ❑ Gender(male), comorbidity, and specific complications (delirium, Impaired renal function) were the main predictive factors of mortality.

THANK YOU