



Shaping Tomorrow's Nephrology: Insight-Driven Kidney Care

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Anticoagulant Therapy for Chronic Kidney Disease and Atrial Fibrillation with a High Risk of Thromboembolic Complications

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Objectives : To conduct a retrospective analysis of the frequency of anticoagulant therapy (ACT) prescriptions, including direct oral anticoagulants (DOACs), in patients with chronic kidney disease (CKD) and atrial fibrillation (AF) with a high risk of thromboembolic complications (TEC).

Methods : The study group was formed based on information contained in the "DMED" predictive analytics platform and represented by depersonalized, formalized data extracted from electronic medical records of patients aged 18 years or older enrolled in healthcare organizations (n=107561, 37.8% men, mean age 74.5±8.5 years, mean CHA2DS2-VASc score 3.6±1.2).

Results : The frequency of ACT prescriptions in the group as a whole was 53.7%, with DOACs accounting for 87.0%. Acetylsalicylic acid (ASA) was prescribed for the prevention of TEC in 10.6% of cases. The percentage of patients receiving ACT increased with increasing gender-neutral CHA2DS2-VASc scores—from 49.7% with a score of 2 to 73.9% with a score of 8. ACT was prescribed statistically significantly less frequently in patients aged 75 years or older (49.1%, p<0.001). Regardless of age and arrhythmia type, anticoagulants were prescribed statistically significantly more often to men than to women.

Conclusions : The results of this retrospective analysis indicate positive trends in the frequency of ACT prescription for CKD and AF with high risk of TEC: compared to data from a similar study for 2016-2019, in 2023, the rate increased from 34.8% to 53.7%. The share of DOACs in the ACT structure also increased significantly—from 52.0% to 87.0%. However, the volume of oral anticoagulation administered in this cohort of patients still does not meet the requirements of current clinical guidelines.

Figure_1.jpg



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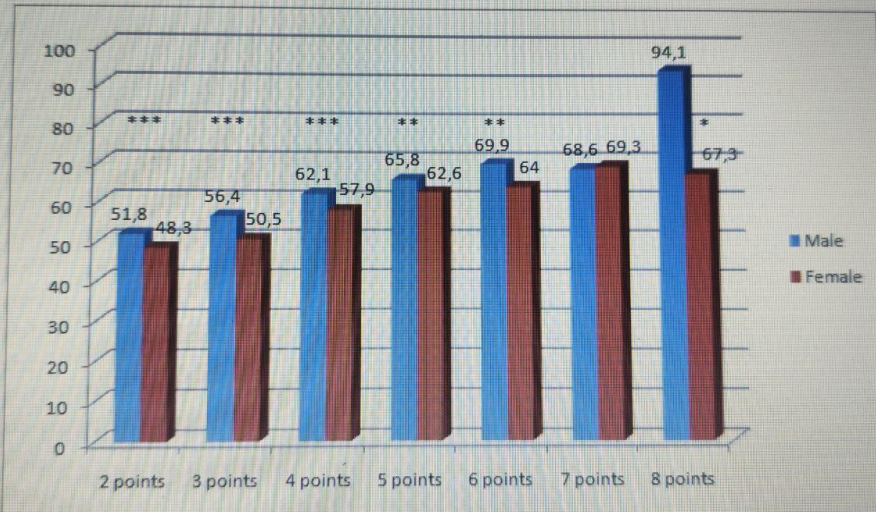
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Figure 1. Comparative analysis of anticoagulant prescription rates based on the number of non-gender-specific CHA2DS2-VASc scores and gender.



Note: * — $p < 0.05$, ** — $p < 0.01$, *** — $p < 0.001$.