

CODE RED!

ANTICOAGULANT-RELATED EMERGENCY DEPARTMENT VISITS SURGE

National Quality Standards Lacking

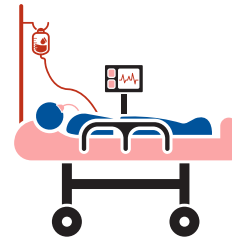
Top Drug Class for Patient Harm

Anticoagulants (ACs) caused more drug-related Emergency Department (ED) visits than ANY other class of medications, including opioids and other analgesics¹



Adverse Events Increasing

- Over 1.2 million cases of AC-related bleeding events presenting to the Emergency Dept. between 2016 and 2020²
- Direct oral anticoagulant (DOAC)-related bleeding increased 27.9% over the period²



Anticoagulant Use Increasing

- Number of patients prescribed AC increased 17.8% between 2016 and 2020²
- Number of direct oral anticoagulant (DOAC) users increased 83.6% during the period²

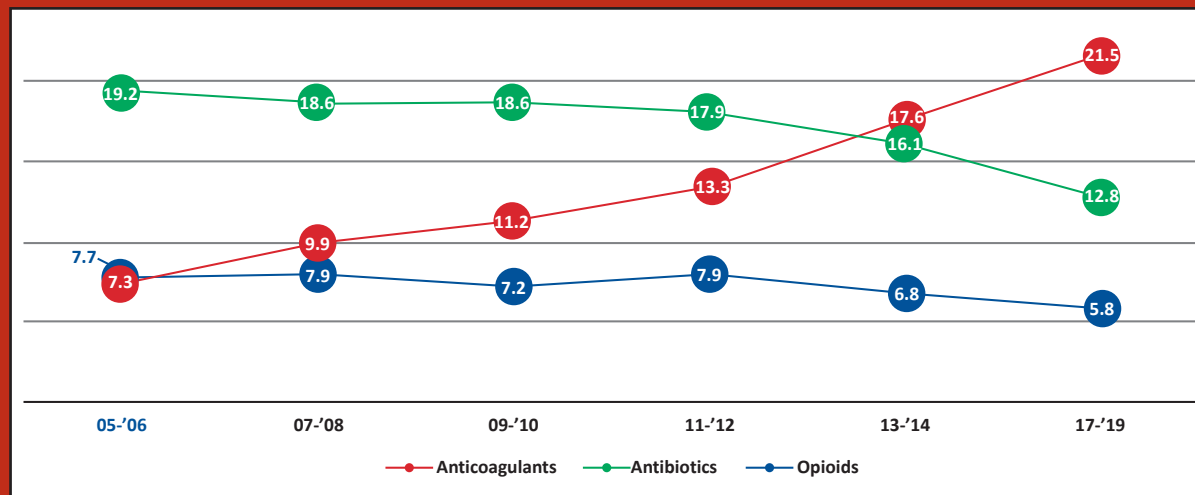


Seniors Most Affected

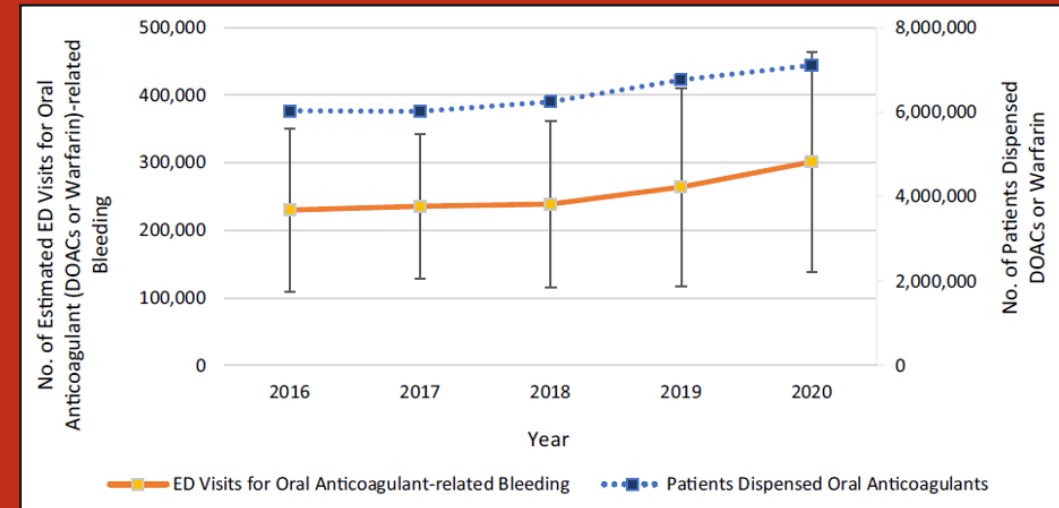
- 80.1% of AC-related ED events in the US were among 65+yo²
- 50% required hospitalization²
- Five of the top seven drugs associated with ADEs among seniors are anticoagulants or antiplatelet agents, accounting for HALF of ADEs experienced by this age group¹



National estimates of US ED Visits for Adverse Drug Events (% of Identified ADEs), 2005–2019.¹



National estimates of ED visits for oral anticoagulant-related bleeding and patients dispensed oral anticoagulants, by year—United States, 2016–2020.²



National Standards Lacking

Despite increased prescribing of anticoagulants and surging rates of anticoagulant-related ADEs, there are currently **no national standards** to assure the appropriate dosing, monitoring, or management of anticoagulants.



Anticoagulation Stewardship Programs and Quality Standards are Needed

Systematic management programs have been shown to improve the quality and safety of anticoagulation management, but **such programs are not yet required for all health systems**. To learn more about Anticoagulation Stewardship visit www.acforum.org.



References

- Budnitz, D. S., Shehab, N., Lovegrove, M. C., Geller, A. I., Lind, J. N., & Pollock, D. A. (2021). US Emergency Department Visits Attributed to Medication Harms, 2017-2019. *JAMA*, 326(13), 1299–1309. <https://doi.org/10.1001/jama.2021.13844>
- Geller, A. I., Shehab, N., Lovegrove, M. C., Weidle, N. J., & Budnitz, D. S. (2023). Bleeding related to oral anticoagulants: Trends in US emergency department visits, 2016-2020. *Thrombosis research*, 225, 110–115. <https://doi.org/10.1016/j.thromres.2023.03.010>