

Abstract No. **47**

Category: **Prevention**

Title: **Availability and accessibility to anticoagulant therapy in latin america**

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Abstract:

Background: Anticoagulation therapy is indicated for prevention and treatment of venous thromboembolism and prevention of thrombosis in patients with atrial arrhythmias, prosthetic valves, prothrombotic states and other risk factors. Oral and parenteral anticoagulants have specific indications and contraindications based on patient characteristics and laboratory tests. These considerations, and the availability and accessibility to different anticoagulant options in Latin America (LA) will help physicians to select the best option for each patient. This paperwork aims to describe the availability of anticoagulants and reversal agents in different countries in LA as well as the accessibility to those therapies. This data will help to improve national and international health policies in order to have different anticoagulation options and implement specific strategies for the correct use of reversal agents, diminishing thromboembolic and hemorrhagic complications.

Methods: This is a descriptive observational study conducted in 19 countries in LA. Data was collected from January 2017 to June 2018. A structured questionnaire was sent to each national coordinator of the Council of Heart Failure and Pulmonary Hypertension (CIFACAH) of the Interamerican Society of Cardiology (SIAC). This questionnaire evaluated "availability" (available: yes, no) and "accessibility" (type of access: public/government, private, patient, donation or research) to 9 anticoagulants and 3 reversal agents (Table 1).

Results: Colombia (100%) and Argentina (66,7%) have the greatest coverage by public health insurance (ideal coverage), while Uruguay (66,7), Brazil (66,7%) and Ecuador (55,6%) have the highest coverage by private insurance. Anticoagulant therapy with warfarin (89,5%) and heparin (enoxaparin 84,2%) have the highest public coverage among countries comparing with DOACs and Fondaparinux. Reversing agents are poorly provided to patients independently of their health insurance.

Conclusion: Only 11,1% of Latin American countries have an ideal coverage (?50% of medication by public health system) of anticoagulant therapy and 33,3% of reversing agents. Data from this study should encourage health authorities and institutions to assure the right treatment for each patient in order to decrease morbidity and mortality rates related to anticoagulation.