

# DETERMINING PATIENT KNOWLEDGE OF DIRECT ORAL ANTICOAGULANTS: A QUESTIONNAIRE STUDY

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## BACKGROUND

- There has been a significant increase in the number of patients prescribed Direct Oral Anticoagulants (DOACs) e.g. apixaban (Eliquis<sup>®</sup>), rivaroxaban (Xarelto<sup>®</sup>), dabigatran (Pradaxa<sup>®</sup>) and edoxaban (Lixiana<sup>®</sup>).
- Reduced need for monitoring compared to warfarin.
- Less frequent contact with healthcare professionals (HCPs) may contribute to poor patient knowledge.

## AIM

- To determine patients' knowledge on DOACs in the hospital and community pharmacy setting.

## METHODS

Participants were recruited from:

- Cork University Hospital, Ireland
- Community pharmacies in Cork

Potential participants were identified by the pharmacist in that setting using the following criteria:

Table 1: Recruitment Criteria

Age	≥18 years
Length of DOAC use	DOAC use ≥3 months

The questionnaire consisted of:

- Participant demographics
- Questions from the KODOA (The Knowledge of Direct Oral Anticoagulants) questionnaire, translated into English language

Based on previous research, a target sample of 40 participants was set.

Descriptive statistics were performed.

## RESULTS

Questions	Participants who correctly answered (X/Y,%)*
What is the name of your “blood thinner”?	38/38 (100)
How long do you need to take you “blood thinner for”?	39/39 (100)
How many times a day do you have to take your “blood thinner”?	39/39 (100)
What does your “blood thinner” protect you from?	
Correct	30/39 (76.9)
Partially correct	7/39 (17.9)
Incorrect	2/39 (5.1)
If you cannot remember whether you have taken your “blood thinner” or not, what would you do?	27/40 (67.5)
If you have forgotten to take your “blood thinner”, what would you do?	20/39 (51.3)
If you have taken twice as many “blood thinner” tablets/capsules today as you should have, what would you do?	17/39 (43.6)
If 5 minutes ago you took your “blood thinner” but then you vomited, will your “blood thinner” work as normal?	31/34 (91.2)
Which of the following is a possible side effect of your “blood thinner”?	26/31 (83.9)
Which of the following Over The Counter (OTC) products, to treat pain and fever, is safest to take with your “blood thinner”?	36/39 (92.3)
You would like to buy some OTC medicine, but you don't know whether this will interfere with your “blood thinner”. Who do you think is the most suitable person to ask?	40/40 (100)
In what situation should you inform a healthcare professional that you are taking a “blood thinner”?	36/40 (90)
In what situation do you think you should go to the A+E (Accident and Emergency Department)?	30/39 (76.9)
How often should you visit your doctor for a check-up because of your “blood thinner”?	33/40 (82.5)
What should you always have on you if you are taking a “blood thinner”?	31/39 (79.5)

Table 2: Results of the KODOA questionnaire in a sample of English-speaking adults (n=40)

## CONCLUSION

- Participants demonstrated good levels of knowledge of their DOAC therapy.

This study has identified areas of knowledge deficits in patients, such as:

- What to do if patients have forgotten to take a dose.
- What to do if patients have taken too much DOAC.
- This can help target patient counselling points for patients taking DOAC therapy.

Limitation of the questionnaire:

- Questions are presented in a multiple-choice format and it is possible that participants may have selected the correct answer due to chance.

## References:

Metaxas C, Albert V, Stahl M, Hersberger KE, Arnet I. Development and validation of a questionnaire to self-assess patient knowledge of direct oral anticoagulants (KODOA-test). Drug Healthc Patient Saf. 2018 Jul 20;10:69–77. Other references available on request.

\* X= number of people who selected the correct answer option, Y=Number of people who answered the question, %= percentage of people who selected the correct answer option