Correspondence

Accepted: January 29, 1985

Acta haemat. 1985;73:118

Assessment of Therapeutic Control of Anticoagulation

B.D.

Duxbury

Middlesex

B. McD. Duxbury, Former Consultant Haematologist, Chase Farm Hospital, Middlesex (UK)

Copplestone and Roath [1] in their recent paper further establish the need for therapeutic quality control as previously shown by Raper[2], Broekmans and Loeliger [3] and myself [4]. They report that their figures contrast strikingly with those in my clinic and that they were able to maintain 99% of their patients within the therapeutic range for more than half of the time but only 40% were maintained for all of the time.

The therapeutic range chosen was British Ratio (BR) 2.0-4.0 as recommended by Blackburn [5]. This is an all-embracing range for every condition and is inadequate for the needs of patients with recurrent pulmonary embolism or prosthetic heart valves [6]. This has been recognized by most clinicians but there has in the past been no agreement as to the ranges for specific conditions. Loeliger [7] has made his own recommendations for specific conditions. These are within narrower ranges and the intensity of anticoagulation is higher than many would wish to employ. Rather more conservative therapeutic ranges have now been recommended in 'Guidelines for Oral Anticoagulation' issued by the British Society for Haematology.

The difficulty of maintaining therapeutic control becomes increasingly greater the narrower and higher those ranges are – hence my poorer reported findings. The needs of patients – especially those with recurrent pulmonary embolism and having prosthetic heart valves – require that narrower and higher ranges are adopted as is now being recommended and if we are to maintain such ranges we must aim at even narrower ranges and maintaining them is difficult. A patient who is not within the range for 100% of the time is potentially at risk but such a high standard of control cannot in practice be achieved, but if we can maintain control for $\geq 80\%$ of the time our patients will be reasonably well protected.

References

Copplestone, A.; Roath, S.: Assessment of therapeutic control of anticoagulation. Acta haemat. 71: 376-380(1984).

Raper, C.G.L.: The therapeutic quality control of anticoagulant clinics. Clin. Lab. Haemat. 5: 325-327 (1983).

Broekmans, A.W.; Loeliger, E.A.: Therapeutic control of anticoagulant treatment. Br. med. J. 284: 1330-1331 (1982).

Duxbury, B. McD.: Therapeutic control of anticoagulant treatment. Br. med. J. 284: 702-704 (1982).

Blackburn, E.K.: Long-term anticoagulant therapy. Prescribers J. 17: 73-74(1977).

Duxbury, B. McD.: Therapeutic control of anticoagulant treatment. Br. med. J. 284: 1634(1982).

Loeliger, E.A.: The optimal therapeutic range in oral anticoagulation. Thromb. Haemostasis 42: 1141-1152 (1979).