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Reply

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I am grateful for Dr. Duxbury's comments especially regarding the inadequacy of the BCR in specific situations such as prosthetic heart valves. I am not sure of the validity of the evidence for the need to maintain an BCR of e.g. 3.0-4.0 rather than 2.0-4.0, but it does seem likely that the optimal control available using BCR will always be relatively poor. Whether this matters clinically would need to be tested against a method which would offer better control. It might therefore be worth considering whether maintenance of oral anticoagulant treatment using factor X assay by chromogenic substrate methodology might be of more value. This has previously been examined [1-3]. The results of such assays, although achieving better precision, do not yet suggest that this may be so, but no comparative trial has been done between groups of patients controlled with chromogenic substrate assays and conventional dose control. This would seem a worthwhile approach to improving the therapeutic control of anticoagulation.

References

- Erskine, J.G., Walker, L.D., Davidson, J.F.: Maintenance control of oral anticoagulant therapy by a chromogenic substrate assay for factor X. *J.clin.Path* 33:445-448 (1980).
- Latallo, Z.S., Thomson, J.M., Poller, L.: An evaluation of chromogenic substrates in the control of oral anticoagulant therapy. *Br.J.Haemat* 47:307-318 (1981).
- Famodu, A.A., Ingram, G.I.C: Oral anticoagulant control with a chromogenic substrate: calibration, precision and cost. *Clin.Lab.Haemat* 4:27-39 (1982).