

Anticoagulation *in* Practice²⁰¹⁴

Thursday 5th & Friday 6th June 2014

University of Birmingham

This year's 'Anticoagulation in Practice' conference had a fantastic line up of speakers. The theme for the conference was to highlight the important developments in the world of anticoagulation therapy and focused on Atrial Fibrillation in the light of updated NICE guidelines and new anticoagulant therapies and also on the management of venous thromboembolism.

The conference opened with Professor David Fitzmaurice and Nicky Fleming (Chair of AiP) welcoming more than 150 delegates to the University of Birmingham and our 8th national conference.

The two days comprised key note lectures from a variety of speakers from different specialties both nationally and internationally as well as a fascinating debate and case discussions.

We were delighted to welcome sponsors with information stands for delegates to view. Boehringer Ingelheim, Bayer Healthcare, BMS Pfizer, Roche Diagnostics, Amtec Medical, Hart Biologicals, Leo Pharma and Sullivan Cuff were all represented. Also exhibiting were Sherborne Gibbs (publishers of The British Journal of Primary Care Nursing and Primary Care Cardiovascular Journal), Hayward Medical, AF Association (AFA), Anticoagulation Europe (ACE), Clinical Leaders of Thrombosis (CLOT) and PRIMIS from University of Nottingham.



2014 delegates explore the exhibition area

Highlights from the conference

AF guidelines

The Keynote speech on the first day was delivered by Dr Campbell Cowan, recently retired as a Consultant Cardiologist at Leeds general Infirmary who chaired the committee for the updated NICE AF guidelines. He presented an excellent introduction to the conference highlighting the importance of treating the right people with Atrial Fibrillation to prevent strokes and how we are still not reaching an important group who remain on no anticoagulant therapy.

This talk led seamlessly into a session from Professor Richard Schilling from St Bartholomew's Hospital, London who was also on the NICE guidelines committee. He gave us an interesting preview of what was coming in the guidelines.



Dr Cowan gives his keynote lecture



Professor Schilling and his captive audience

A lively and humorous debate “This house believes that TTR is the best measure to decide on use of NOACs” followed. Dr Henry Watson, Consultant Haematologist, Aberdeen Royal Infirmary was for the motion and Dr Michael Norton, Community Cardiologist, South Tyneside Hospital NHS trust against.

Essentially the argument for the motion was that TTR is the only true scientific measure for clinical

decisions, there is no subjective influence such as patient demand, cost or doctor preference. Dr Norton argued that it is full clinical assessment that counts and a great number of clinicians do not understand the TTR anyway. He felt it was more important to know the percentage of time above and below target and why. Could it be due to changes in diet, lifestyle, compliance, or maybe renal function? He concluded that TTR can be useful in the jigsaw but must be viewed within the clinical context. Dr Norton won the debate!



A packed lecture theatre listens to Dr Watson (top) and Dr Norton (bottom) in the debate

Commissioning anticoagulant services

Dr Duncan Jenkins, Specialist in Pharmaceutical Public Health from Dudley Metropolitan Borough Council, gave an informative talk on the impact of new commissioning structures on anticoagulant services explaining the new structures within the NHS. He then discussed the challenges for anticoagulation services in terms of capacity, safety, convenience and innovation within the backdrop of CCGs putting out to tender anticoagulation services from any qualified provider (AQPs). This essentially means that AC services in the future can be managed by specialist providers e.g. Drugscope, not for profit organisations e.g. Health exchange, independent contractors e.g. pharmacies, big corporate bodies e.g. Bupa or Virgincare or individuals.

This competition may solve capacity issues in view of the additional people receiving anticoagulation for stroke prevention but it will not offer a systematic approach to managing the anticoagulation population.

Clinical management of novel anticoagulation

In his second talk of the day Dr Henry Watson stated that when managing a bleed on novel anticoagulants you need to take a good clinical history, consider endoscopic and surgical interventions, supportive measures and pro-haemostatic therapies for bleeding and potential interventions for the future.

Depending on the answer to these questions there are strategies such as charcoal or dialysis FFP, rViia, 3 and 4 factor PCC. There are some developments towards antidotes on the way.

2013 Thrombus Award for Innovative Practice

Dr Andrew Hughes, Community Consultant Haematologist from South West Essex presented his award winning work entitled “The use of modified computer assisted strain gauge plethysmography (Venometer V3) as an additional screening test for patients presenting with suspected DVT”.

Essentially his work showed that a negative Venometer V3 is highly predictive for a negative Doppler scan, especially with discordance between the Wells score and the d-dimer and if it is used it could reduce the need for Doppler scanning by a third.

VTE management

Hayley Flavell (Anticoagulation Consultant Nurse, Bournemouth) gave an excellent talk about the practicalities of extending venous thromboembolism. She showed a very moving film describing the human effect of death from a pulmonary embolism within the community. The important messages from this film were that this can happen post operatively many days after leaving hospital and it does not always present in the way expected e.g. chest pain, coughing up blood etc.

An update from Mr Andrew Gwynne MP and Helen Morrison from the All Party Parliamentary Thrombosis Group stated the importance of highlighting the risk of screening for thrombosis when admitted to hospital.

Post thrombotic syndrome

We were delighted to welcome Professor Susan Khan an invited speaker from McGill University, Canada, internationally respected for her work on post thrombotic syndrome. She titled her talk ‘PTS: a clinical bombshell’.



Professor Kahn impresses in her keynote speech to open day two

The key messages from Professor Khan's session were that although elastic compression stockings were recommended to assist calf muscle pump and reduce venous hypertension and reflux, she has shown in a recent large multi-centred study that compression stockings did not prevent PTS after a first proximal DVT and did not influence the severity of PTS, rate of recurrence of DVT or quality of life. This result puts current guidelines of wearing stockings for at least 2 years in some doubt.

Key messages from the conference

- The importance of treating the right people with Atrial Fibrillation to prevent strokes, we are still not reaching an important group who remain on no anticoagulant therapy.
- TTR can be useful in the jigsaw when deciding who to treat with novel anticoagulants but must be viewed within the clinical context.
- AQPs will not offer a systematic approach to managing the anticoagulation population.
- Current guidelines of wearing compression stockings for at least 2 years to prevent PTS is in some doubt. Compression stockings may not prevent PTS after a first proximal DVT and did not influence the severity of PTS, rate of recurrence of DVT or quality of life.

We look forward to seeing you all again in 2015.