

Clinical Resource Guide: AnticoagEvaluator Risk Tool

INTRODUCTION

Discussing the deprescribing of an anticoagulant with patients and/or caregivers can be daunting. Helping them understand the risks of continuing such a medication can be a difficult task, especially if they have been told of certain conditions that can increase the risk of clot formation. Thankfully there are validated tools that can help bolster your stance when attempting to help a patient understand the benefits of deprescribing. The American College of Cardiology Anticoag Evaluator is a powerful tool designed to assist clinicians and patients in making informed choices about anticoagulation therapy, particularly when the benefits and risks must be carefully evaluated. In hospice care, where the focus is on comfort and quality of life, this tool plays a crucial role in guiding decisions that align with the patient's overall goals while helping to quantify the risk of continuation. The AnticoagEvaluator integrates risk assessments with patient values and provides clear communication strategies, helping hospice nurses and administrators ensure that decisions about continuing or discontinuing anticoagulation therapy are made thoughtfully and with the patient's best interests in mind. This Pharmacist Corner was created to serve as a resource to hospice administrators and clinicians by providing guidance on the following:

Pharmacist Corner Objectives

1. Equip hospice nurses and administrators with the knowledge and tools necessary to effectively utilize the American College of Cardiology AnticoagEvaluator, ensuring clinical decisions aligned with patient-centered goals and safety.
2. Enable clinicians to identify hospice patients for whom the risks of continuing anticoagulation therapy, particularly the increased risk of bleeding, outweigh the potential benefits, thereby supporting informed decision-making that prioritizes patient comfort and quality of life.
3. Ensure practice standardization and clear communication of decisions made using the AnticoagEvaluator, integrating these decisions into the patient's overall hospice care plan while maintaining consistent and ethical care across the multidisciplinary team.

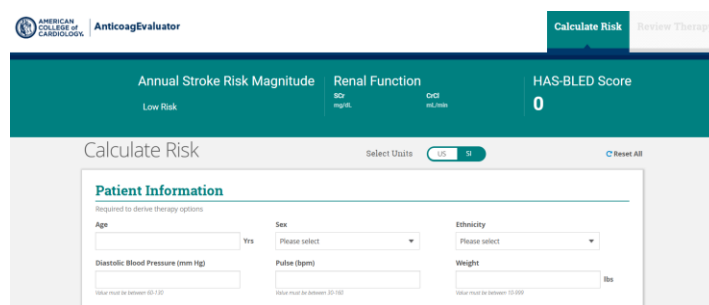
UNDERSTANDING WHEN TO USE THE DECISION AID

In hospice settings, determining when to utilize the AnticoagEvaluator is essential. This tool is particularly useful for patients who are either currently on anticoagulation therapy or being considered for it due to conditions like atrial fibrillation, deep vein thrombosis,

or pulmonary embolism. However, in the context of hospice care, the decision to continue anticoagulation therapy must be carefully weighed, as the risks—most notably the increased risk of bleeding—often outweigh the potential benefits. The AnticoagEvaluator helps identify patients for whom the continuation of anticoagulation therapy poses a significant risk of bleeding, which may lead to a decline in quality of life or cause distressing symptoms. By using the AnticoagEvaluator, healthcare providers can assess whether the reduction in stroke risk justifies the potential for severe bleeding, considering the patient’s prognosis and overall care goals.

UNDERSTANDING HOW TO USE THE DECISION AID

The tool can be accessed at <https://tools.acc.org/anticoag>.



After filling out the initial demographic and co-morbidity information, be sure to complete the Risk Factor and Bleed Risk Consideration Sections:

Risk Factors ⓘ

Select all that apply

<input type="checkbox"/> Age 65-74 yrs	<input type="checkbox"/> Current smoker ⓘ	<input type="checkbox"/> Previous stroke or TIA ⓘ
<input type="checkbox"/> Age 75-84 yrs	<input type="checkbox"/> Dementia	<input type="checkbox"/> Proteinuria ⓘ
<input type="checkbox"/> Age ≥ 85 yrs	<input type="checkbox"/> Diabetes mellitus ⓘ	<input type="checkbox"/> Renal disease ⓘ
<input type="checkbox"/> Sex: Female ⓘ	<input type="checkbox"/> Hypertension ⓘ	<input type="checkbox"/> Vascular disease ⓘ
<input type="checkbox"/> CHF/LV dysfunction ⓘ	<input type="checkbox"/> Previous bleeding	

Bleed Risk Considerations

Consider a patient's bleed risk when evaluating for anticoagulation therapy, and minimize bleed risk whenever possible.

Risk Factors for Major Bleed (HAS-BLED) ⓘ

Non Modifiable	Modifiable
<input type="checkbox"/> History of Stroke/TIA/TE ⓘ	<input type="checkbox"/> Hypertension ⓘ
<input type="checkbox"/> History of Major Bleeding ⓘ	<input type="checkbox"/> Current "excess" of Alcohol ⓘ
<input type="checkbox"/> History of Labile INR ⓘ	<input type="checkbox"/> Abnormal Renal Function ⓘ
<input type="checkbox"/> Age > 65 yrs ⓘ	<input type="checkbox"/> Abnormal Liver Function ⓘ
	<input type="checkbox"/> Currently taking antiplatelet drugs or NSAIDs ⓘ

Specific Medications that Increase Bleed Risk

<input type="checkbox"/> Aspirin (any dose)	<input type="checkbox"/> P2Y12 Inhibitors ⓘ	<input type="checkbox"/> NSAIDs
<input type="checkbox"/> Other antiplatelets ⓘ		

Once the all the information is entered, the risk of stroke will be calculated using multiple different predictive models (CHA₂DS₂-VASC, GARFIELD, ATRIA). The table view below allows the user to see the predictive risk with and without therapy:

Stroke Risk/Benefit		Bleed Risk	Safety Info	Mortality	
Risk/Benefit Information*					
Patient's ANNUAL risk of stroke + thromboembolism with Apixaban	0.8%				
Relative risk reduction	74%				
Absolute risk reduction	2.4%				
Chance of benefit per year	1 in 42				
Additional Risk Model Details					
Patient's ANNUAL risk of stroke + thromboembolism:	No Therapy	Selected Therapy: Apixaban	Relative Risk Reduction	Absolute Risk Reduction	Chance of Benefit per Year
CHA ₂ DS ₂ -VASC	3.2%	0.8%	74%	2.4%	1 in 42
GARFIELD	2.6%	1.5%	42.3%	1.1%	1 in 91
ATRIA	1-2%	Unavailable	Unavailable	Unavailable	Unavailable

And by selecting the Bleed Risk tab, the user can also assess the risk:

Stroke Risk/Benefit		Bleed Risk	Safety Info	Mortality
Caution				
<ul style="list-style-type: none"> When making treatment decisions, balance stroke prevention benefits with minimizing the risk of serious bleeding wherever possible. To help minimize risk of bleed, address modifiable risk factors. 				
Risk/Benefit Information*				
Population avg ANNUAL risk of major bleed	2.6%			
Population avg annual chance of being harmed by Apixaban (5 mg twice daily) (major bleed)	1 in 49			
Patient's ANNUAL risk of major bleed (HAS-BLED)	6.1%			
Patient's annual chance of being harmed by Apixaban (5 mg twice daily) (major bleed)	1 in 18			

From review, based on the patient specific information entered, the patient would have a 3.2% risk of stroke without anticoagulation, 0.8% risk of stroke if initiated on apixaban, and a 6.1% risk of bleed if initiated on apixaban.

NAVIGATING THE DECISION AID WITH PATIENTS AND FAMILIES

Before engaging with the AnticoagEvaluator, it's important for hospice nurses to review the patient's medical history, current treatment plan, and overall care objectives. This preparation helps frame the conversation with the patient and their family in a way that is both empathetic and informative. The AnticoagEvaluator serves as a guide to discussing the risks and benefits of continuing or discontinuing anticoagulation therapy. It allows healthcare providers to clearly

explain how, in some cases, the risk of serious bleeding associated with continued anticoagulation might outweigh the benefit of stroke prevention. Through this process, nurses can help patients and families understand the potential outcomes, enabling them to make decisions that are aligned with their values and priorities. Open communication is key, and the AnticoagEvaluator encourages questions and discussions about what matters most to the patient, whether it's extending life or maximizing comfort in their final days.

BEST PRACTICES AND CONSIDERATIONS

In hospice care, the patient's comfort and personal goals should always guide decision-making. The American College of Cardiology AnticoagEvaluator is a supportive tool that helps align medical decisions with what matters most to the patient, particularly in evaluating the risks of continued anticoagulation therapy. In many cases, the risk of bleeding may far outweigh the potential benefit of preventing a stroke, especially when considering the patient's limited life expectancy and desire for comfort. Nurses and administrators must carefully balance these factors, ensuring that the patient's and family's input is central to any decision. Ethical considerations, such as differing opinions among the patient, family, and care team, should be approached with sensitivity, and an ethics consultation may be warranted in more complex situations. Ultimately, the use of the anticoagulation tool should always respect the patient's autonomy and ensure that informed consent is obtained, thus upholding the principles of compassionate, patient-centered care in the hospice setting.

REFERENCES

- 1.) American College of Cardiology AnticoagEvaluator: <https://tools.acc.org/anticoag>. Accessed 8/13/2024
- 2.) Holmes HM, Bain KT, Zalpour A, Luo R, Bruera E, Goodwin JS. Predictors of anticoagulation in hospice patients with lung cancer. *Cancer*. 2010 Oct 15;116(20):4817-24.
- 3.) Noble S. Venous thromboembolism and palliative care. *Clin Med (Lond)*. 2019 Jul;19(4):315-318.
- 4.) Sera L, McPherson ML, Holmes HM. Commonly prescribed medications in a population of hospice patients. *Am J Hosp Palliat Care*. 2014;31(2):126-31