

STUDY COST ANTICOAGULATION SYSTEMIC CHANGE IN HEMODIALYSIS UNIT

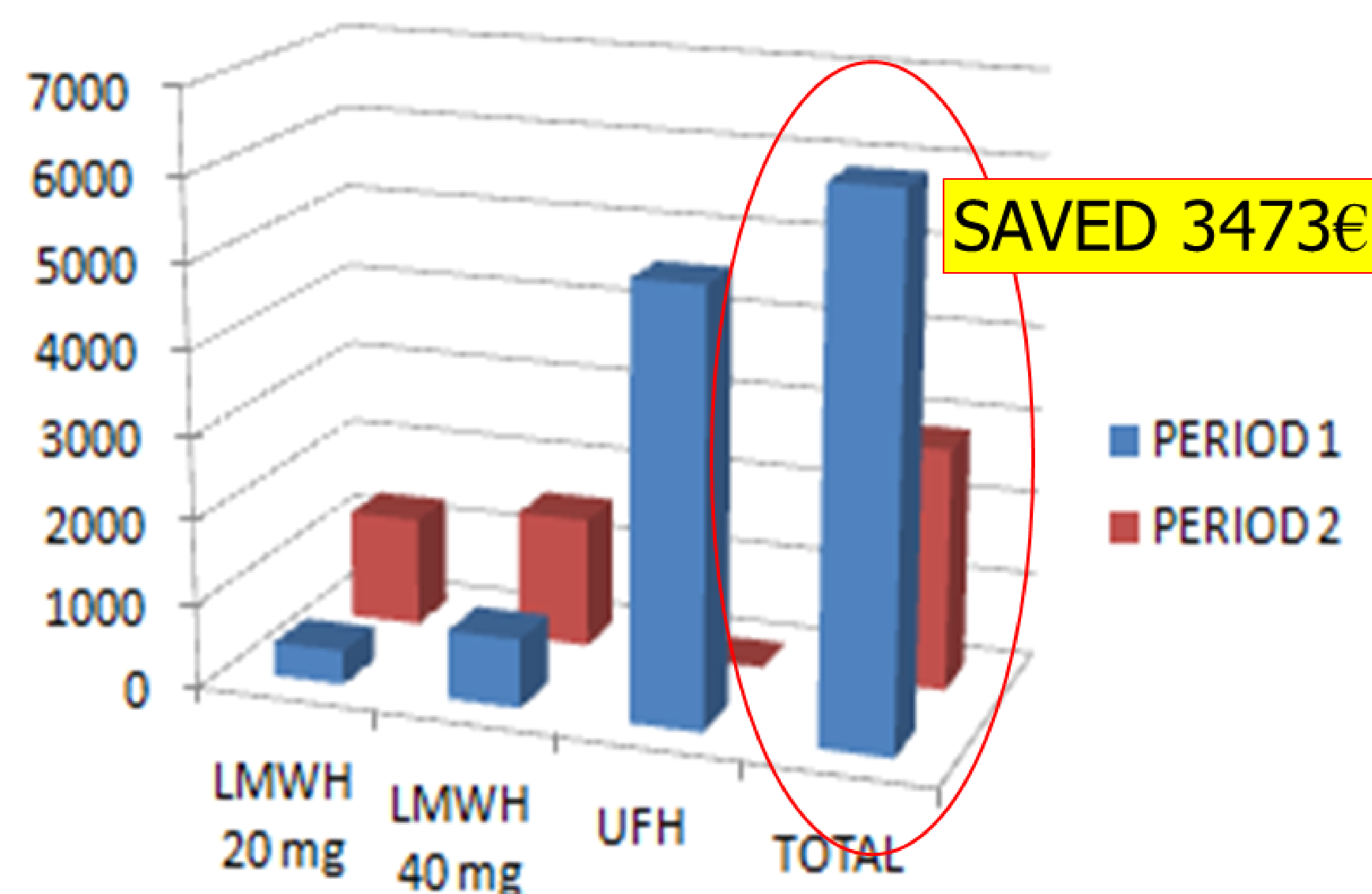
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INTRODUCTION

Currently in Spain the use of anticoagulation in haemodialysis and unfractionated heparin (UFH) and low molecular weight heparin (LMWH) is splitted in equal parts (50%). The aim of this study is to analyze the economic benefits of systematic change in anticoagulation in our haemodialysis unit, from UFH to LMWH.

MATERIAL AND METHODS

In August 2012 we analyzed the costs of anticoagulation change, during 6 months - period, with an average over the whole period in 63 patients.



RESULTS

• First period:

41,3% of patients with LMWH (12,7% enoxaparin 20 mg and 28,6% enoxaparin 40 mg) and 55,6% with UFH. **Total cost 6344,64€** (UFH 5155,6€ and enoxaparin 1229,04€) by semester.

• Second period:

All patient with LMWH (44,5% exanparin 20 mg and 55,6% enoxaparin 40 mg). **Total cost 2870,64€** (enoxaparin 20 mg 1315,44€ and enoxaparin 40 mg 1555,2€).

• This change saved 3473€ (6344,64 vs 2870,64) by semester

CONCLUSIONS

According to our study, the use of LMWH is less expensive than using UFH, without any evidence of increased thrombotic or hemorrhagic processes.

