

ASSESSMENT OF FUNCTIONAL OUTCOMES IN PATIENTS TREATED WITH KCENTRA FOR THE REVERSAL OF BLEEDING SECONDARY TO WARFARIN OR DIRECT ORAL ANTICOAGULANTS IN THE SETTING OF AN INTRACEREBRAL HEMORRHAGE

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Direct oral anticoagulants (DOACs) are increasingly prescribed for anticoagulation due to their complimentary benefit-risk profile, limited drug interactions, and ease of monitoring. Notably, these agents have the potential to cause acute major bleeding with significant morbidity and mortality. Prothrombin complex concentrate (PCC) has been shown to significantly improve the morbidity and mortality of patients when used to reverse bleeding secondary to warfarin administration, but a relative paucity of evidence exists regarding DOAC reversal with PCC. Data regarding functional outcomes has also not been studied in this setting. This retrospective study will aim to compare functional outcomes in patients treated with PCC for acute intracranial hemorrhage secondary to DOACs versus acute intracranial hemorrhage secondary to warfarin use.

This retrospective review will evaluate the functional outcomes after PCC administration by comparing two historical cohorts of intracranial hemorrhage patients. One study arm in which PCC was used for warfarin reversal and one in which PCC was used for DOAC reversal. The primary outcome will be the change in patient Modified Rankin Score from admission until discharge. Secondary endpoints will include disposition at discharge and mortality rate during hospital admission. Results related to the primary outcome will be analyzed using the student's t-test. Results related to the secondary endpoints will be analyzed using Chi-square tests for nominal data.

The results of this study will help to compare functional outcomes of patients treated with PCC for intracranial hemorrhage secondary to DOAC administration versus warfarin administration.

Learning Objective:

- Compare functional outcomes between patients treated with prothrombin complex concentrate for intracranial hemorrhage secondary to DOAC administration versus warfarin administration.