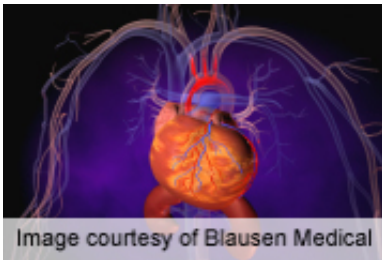


Patient preference for anticoagulant tx outcome varies

November 12 2014



(HealthDay)—Patients' preferences for outcomes of anticoagulation therapy vary and are affected by previous stroke or myocardial infarction experience, according to a study published online Nov. 11 in *Circulation: Cardiovascular Quality and Outcomes*.

Mehdi Najafzadeh, Ph.D., from Brigham and Women's Hospital in Boston, and colleagues elicited the preferences for benefits and risks of anticoagulant therapy. Participants included 341 patients with cardiovascular disease who completed all Discrete Choice Experiment questions.

The researchers found that, on average, the participants valued a 1 percent increased risk of a fatal bleeding event the same as a 2 percent increase in nonfatal [myocardial infarction](#), a 3 percent increase in nonfatal stroke or cardiovascular death, a 6 percent increase in [major](#)

[bleeding](#), and a 16 percent increase in minor bleeding. The odds of choosing no drug versus new drug were 0.72, while those of choosing old drug versus no drug were 0.86. There was a correlation between previous stroke or myocardial infarction with membership in the class with larger negative preference for these outcomes.

"Patients' preferences for various outcomes of [anticoagulant therapy](#) vary and depend on their previous experiences with myocardial infarction or stroke," the authors write. "Incorporating these preferences into benefit-risk calculation and treatment decisions can enhance patient-centered care."

Two authors disclosed financial ties to pharmaceutical companies; one author disclosed ties to a software manufacturer.

More information: [Abstract](#)
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Citation: Patient preference for anticoagulant tx outcome varies (2014, November 12) retrieved 27 April 2024 from <https://medicalxpress.com/news/2014-11-patient-anticoagulant-tx-outcome-varies.html>

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