

Variability identified in bridging practices among pharmacists

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(HealthDay)—Optimal management of subtherapeutic international normalized ratios (INRs) is unclear, with differences in bridging practices among pharmacists seen for levels of experience, residency training, and prescribing privileges. These findings were published online June 18 in the *Journal of Clinical Pharmacy and Therapeutics*.

Whitney D. Maxwell, Pharm.D., from the South Carolina College of Pharmacy in Columbia, and colleagues examined differences in bridging practices among pharmacists with varying levels of experience, residency training, and prescribing privileges. An electronic survey was distributed to two ambulatory care pharmacist e-mail lists, and 143 respondents indicated whether they would utilize parenteral anticoagulation bridging in 16 clinical scenarios involving patients with

[atrial fibrillation](#) and [venous thromboembolism](#) at three therapeutic time points.

The researchers found that more than 50 percent of respondents indicated they would use parenteral anticoagulation bridging in only three of the scenarios. Between the pharmacists providing anticoagulation services in different clinic settings there were no significant differences in bridging practices. For some, but not all the scenarios, significant differences in bridging practices were identified between pharmacists with varying levels of experience, [residency training](#), and prescribing privileges.

"The results of our survey study indicate that significant variability in bridging practices exists within our sample of pharmacists, and informs us of the need for additional research to inform clinical decision-making and establish a standard of care for subtherapeutic INR management in high-risk patients with atrial fibrillation or venous thromboembolism," the authors write.

More information: [Abstract](#)
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