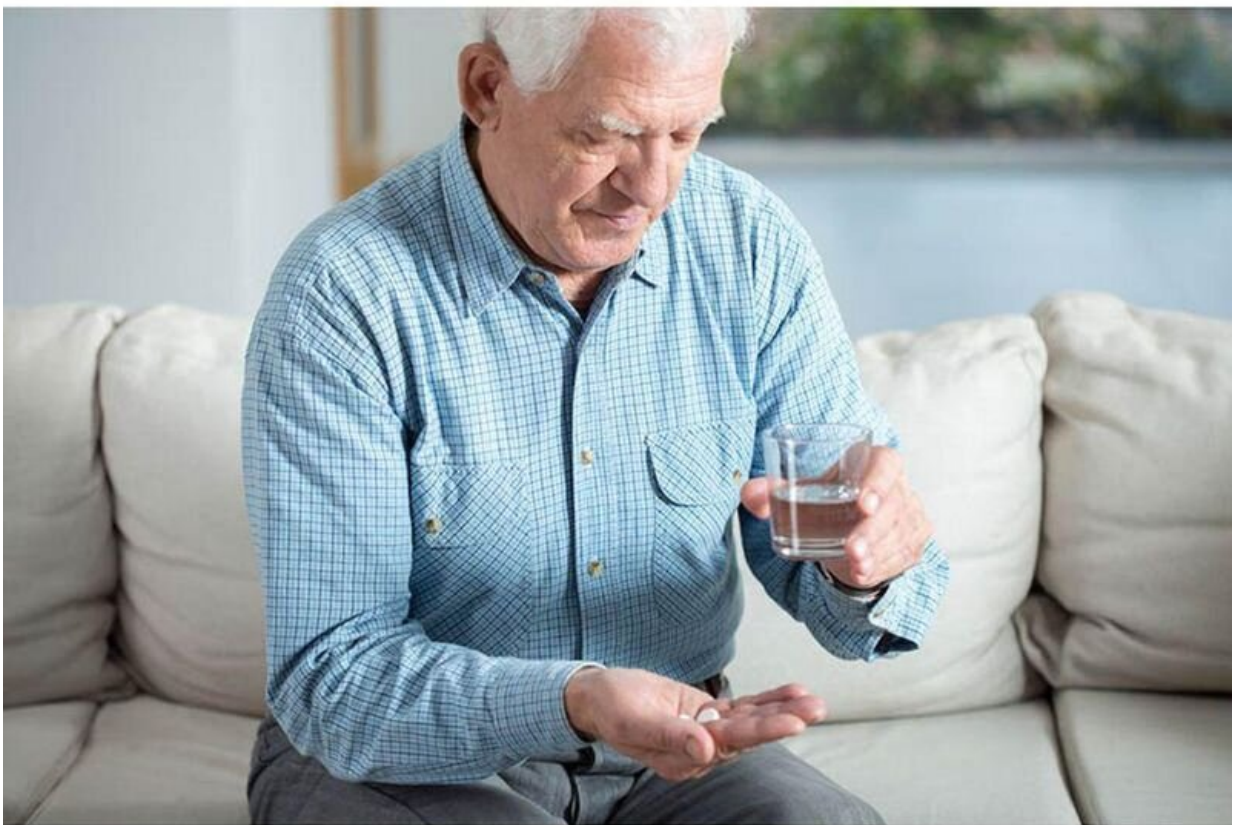


Outpatient anticoagulant therapy may cut COVID-19 admission risk

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(HealthDay)—Individuals using anticoagulation therapy on an outpatient

basis who are diagnosed with COVID-19 have a reduced risk for hospital admission, according to a study published online Sept. 24 in *EClinicalMedicine*.

Sameh M. Hozayen, M.D., from the University of Minnesota in Minneapolis, and colleagues examined [patients](#) older than 18 years of age diagnosed with COVID-19 from March 4 to Aug. 27, 2020, at 12 hospitals and 60 clinics. The associations between prior outpatient [anticoagulation therapy](#) and hospital admission and mortality risks, and between anticoagulation therapy before or after COVID-19 hospitalization and mortality, were examined.

The researchers found that 598 of the 6,195 patients were immediately hospitalized and 5,597 were treated as outpatients. There were 175 deaths, for an overall case-fatality rate of 2.8 percent. Inpatient mortality was 13 percent among the patients who were hospitalized. Of the outpatients, 2.9 percent were on anticoagulation and 5.9 percent were eventually hospitalized. Outpatient anticoagulant use was associated with a reduction in the risk for [hospital admission](#) in a multivariable analysis (hazard ratio, 0.57; 95 percent confidence interval, 0.38 to 0.86; $P = 0.007$), while there was no association with mortality (hazard ratio, 0.88; 95 percent confidence interval, 0.50 to 1.52; $P = 0.64$). Increased mortality risk was seen for inpatients who were not on anticoagulation (before or after hospitalization; hazard ratio, 2.26; 95 percent confidence interval, 1.17 to 4.37; $P = 0.015$).

"By increasing adherence for people already prescribed [blood thinners](#), we can potentially reduce the bad effects of COVID-19," Hozayen said in a statement.

More information: [Abstract/Full Text](#)

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