



Physician Alert



October 1, 2013

Communication to Physicians, Pharmacists, and other Health Professionals Regarding Anticoagulation Management Issues and the use of APTT Test

Diagnostic Services Manitoba Hematology Discipline, in cooperation with experts and stakeholders, would like to provide rationale and recommendations regarding alternatives to traditional unfractionated heparin anticoagulation, and appropriate use of the APTT test.

Please see also the attached documents from which this summary was extracted (“Issues Relating to Anticoagulant Management”, and “APTT monitoring for unfractionated heparin”)

Recommendations summary:

- The aPTT test in isolation is not recommended for screening or diagnosis of coagulation disorders. It should not be used in patients with no clinical history or otherwise asymptomatic. Patients with history of hemostatic defects should be referred for comprehensive assessment.
- Unfractionated heparin is a high risk medication that requires continuous monitoring and dose adjustment. There are alternative treatments equivalent or superior to unfractionated heparin, including for patients with renal impairment. **See attachment for more specific clinical recommendations.**
- APTT testing is widely available, but is *not suitable for heparin monitoring in all DSM sites* due to regulatory constraints.
- APTT testing is **not** required for patient’s pre-cardiac catheterization, rather PT/INR.

Questions and concerns may be directed to:

Dr. Ping Sun, 204-258-1114 (office), 204-935-2908 (pager) psun@dsmanitoba.ca

Dr. Charles Musuka, 204-237-2471 (office), 204-935-2168 (pager) cmusuka@dsmanitoba.ca

Dr. Carmen Morales, 204-787-4682 (office), 204-932-0203 (pager) cmorales@dsmanitoba.ca

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