

Category :**Hematology: Other**

A366 - Effects of therapeutic anticoagulation and high dose dexamethasone on mortality in patients with covid-19 pneumonia admitted to the intensive care unit (icu)

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Introduction:

Therapeutic anticoagulation in critically ill patients with COVID-19 pneumonia remains controversial. This study evaluated the effects of therapeutic anticoagulation combined with high dose dexamethasone on mortality and length of stay among patients with COVID-19 pneumonia admitted to ICU.

Methods:

A retrospective, observational, single-centre study in a community hospital ICU was performed from April 1, 2020 to June 30, 2021. Adults admitted to the ICU for COVID-19 pneumonia confirmed by polymerase chain reaction were included. Patients were excluded if they were pregnant or admitted to the ICU for reasons other than COVID-19 pneumonia. Participants received high-dose intravenous (IV) dexamethasone and therapeutic anticoagulation with IV heparin or low molecular weight heparin for a total of 28 days, or until ICU discharge, whichever came first. Outcomes included ICU mortality and length of stay (LOS). Chi-square and Kruskal-Wallis tests were used for mortality and LOS analyses. A stepwise binary logistic regression analysis used ICU mortality as the dependent variable while the independent variables were anticoagulation, bleeding, renal insufficiency, coronary artery disease, and heart failure. P to enter and remove were 0.15.

Results:

Among the 146 patients studied, 100 received IV heparin to maintain aPTT at 70-100 seconds (group H), 22 received dalteparin 200 units/kg subcutaneously (SQ) daily (group L), and 24 received heparin 5000 units SQ twice daily or dalteparin 5000 units SQ daily (group P). Mortality was 40%, 23%, 58%, for groups H, L, and P, respectively (p=0.045). Age (p=0.021), bleeding (p<0.001), and renal insufficiency (p=0.063) were independent predictors of ICU mortality. The median (Q1, Q3) ICU length of stay was 10 (6,17), 7(4,12), and 8 (4,26) days for groups H, L, and P, respectively (p=0.095).

Conclusion:

Therapeutic dalteparin combined with high dose dexamethasone was associated with a mortality benefit in patients with COVID-19 pneumonia who were admitted to ICU.