



<b>Title</b>	<b>Self-Testing and Self-Management of Oral Anticoagulation – Early Assessment Briefs (Alert)</b>
<b>Agency</b>	SBU, The Swedish Council on Technology Assessment in Health Care PO Box 5650, SE-114 86 Stockholm, Sweden; Tel: +46 8 412 32 00, Fax: +46 8 411 32 60; alert@sbu.se, www.sbu.se
<b>Reference</b>	SBU Alert report no 2007-05. Lindahl T, Svensson P, Wallin J. SBU. ISSN 1652-7151. www.sbu.se/published

## Aim

To assess the scientific evidence with reference to the following questions:

- What are the benefits of self-testing and self-management compared to using conventional management (testing and dosing at healthcare facilities) for patients needing long-term treatment with antithrombotic (AVK) drugs?
- What risks are associated with the different methods?

To compare the different methods in terms of quality of life and cost effectiveness.

## Conclusions and results

Self-management is at least as safe as conventional management for patients who are motivated and can manage the routines on their own (Evidence Grade 1). The benefits of self-management for these patients mainly involve improvements in quality of life, eg, greater independence from health services. There is insufficient scientific evidence to assess self-management in relation to conventional management over the long term.

There is insufficient scientific evidence to compare self-testing alone with conventional management.

There is insufficient scientific evidence to assess the respective cost effectiveness of self-testing and self-management.

## Recommendations

No recommendations.

## Methods

A systematic search of the literature was conducted primarily via electronic databases (PubMed and Cochrane Library and Cinahl) until September 2007. For inclusion in the systematic review, articles were required to meet predetermined criteria: the results of the studies should be relevant to the questions posed by the project, ie, have appropriate endpoints, follow-up period, and study design. To estimate the number of present users

and potential future candidates of these methods, staff of primary health care and specialized services for anticoagulant treatment were surveyed by questionnaire. A cost analysis based on Swedish conditions compared direct and indirect costs for self-management and conventional management, respectively. Ethical implications were considered.

## Further research/reviews required

Long-term follow-ups are lacking, so self-management cannot be evaluated in relation to conventional management in the longer term.