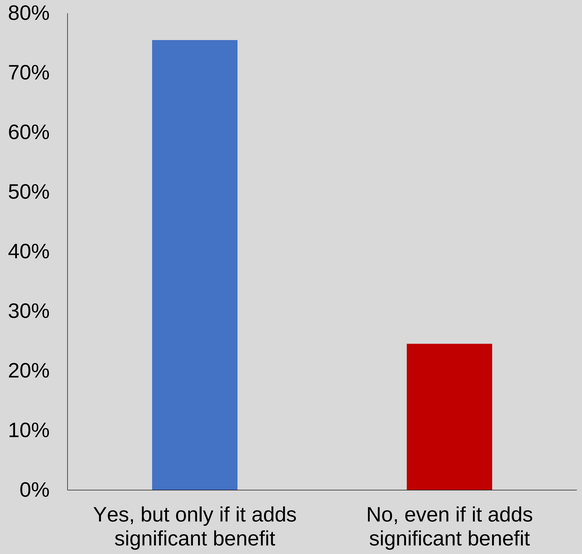
How Much Do Negative Perceptions Of Anticoagulation (AC) Influence Patients' Choice Of Procedural Intervention?

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Introduction

- Cardiac surgery patients are generally apprehensive regarding lifelong AC
- However, AC is required for certain operations that promise survival benefit
- To what extent patients prioritize avoiding anticoagulation has not been studied

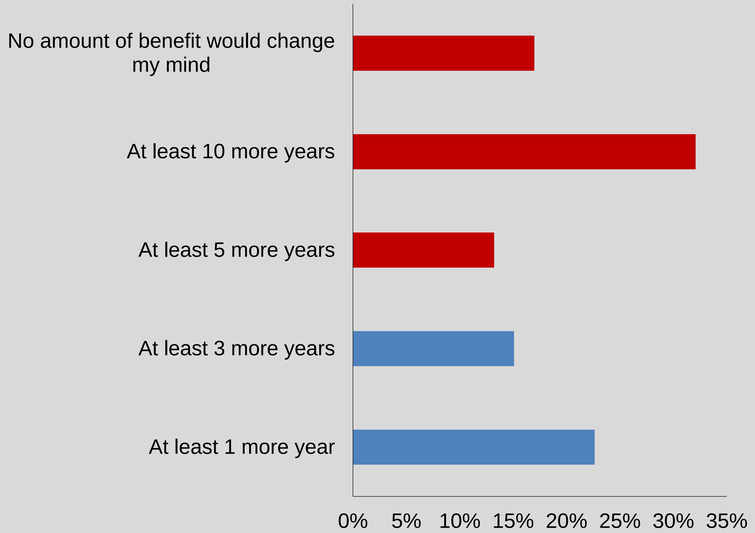
Would you be willing to take lifelong AC to have the best operation?



Methods

- A 24-question survey was distributed to users >55 years of age using Amazon Mechanical Turk
- The survey provided two hypothetical open surgical options – one that requires, and one that does not require anticoagulation
- Five-point Likert scale questions evaluated the salience and the degree of fear associated with a list of common operative complications and concerns

How many more years of life would make AC worth it?



Results

- Fifty-three individuals completed the survey with a median age of 62 [12] years.
- 42% were male, 79% were Caucasian, 38% had bachelor's or more advanced degrees, and 34% had an annual income $ <40,000
- Given two choices, 76% replied they would consider AC only if it adds significant benefit while 24% replied they would unconditionally refuse it **(Figure 1)**
- Those who were most likely to refuse it were:
  - **Employed** (67% vs 27%, p=0.02)
  - **Income < $40,000** (41% vs 8%, p=0.04)
  - On the Likert scale, these individuals also ranked avoiding blood thinners (4.1) as their most important decision-making factor above the risk of stroke (3.9), re-operation (3.9), intubation (3.6), and increased length of stay (3.3)
- When asked to quantify "**significant benefit,**" 45% said **at least 5 years of life gained** (Figure 2).

Conclusion

Lifelong AC introduces both benefits and risks that individuals may process differently.

A significant minority may consider AC a point of contraindication and should be more strategically addressed by providers.