

Comparison of oral anticoagulant users with non-users admission laboratory parameters, length of hospital stay and outcomes in COVID-19 infection

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Abstract

Introduction Oral anticoagulants (OAs) are not in routine use during Coronavirus disease (COVID-19). Studies that compare the COVID-19 infection outcome of chronic OA users with their peers of non-OA users are available. To the best of our knowledge, none of these studies evaluated the effect of OA use on the COVID-19 related early admission laboratory parameters and/or length of the hospital stay. So, we will study these here. **Methods** This retrospective study was included 2 groups; group 1 (n=62) consisted of OA users, and group 2 (n=75) of age, and sex-matched of OA non-users at the time of COVID-19 diagnosis. Early admission laboratory measures, numbers of comorbidities, length of hospital stay, and outcomes of these patients were recorded and analyzed **Results** Despite higher numbers of comorbidities in group 1, their serum CRP and D-dimer levels were significantly lower than the group 2. ($p < 0.05$, all). The rate of mortality was higher in group 2 patients, but, it has not reached a statistical significance ($p > 0.05$). Regression analysis showed that OA users (in comparison to non-OA users) had 0.980 and 0.520 times lower serum CRP and D-dimer levels, respectively. **Conclusions** This study showed a beneficial effect of OA use on early admission serum CRP, and D-dimer levels, which are important prognostic predictors in COVID-19. Additionally, OA use associated with lesser hospital stay days of COVID-19 patients. These beneficial effects of OA use might help in improving the management of this infection after further dedicated studies in this field.

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