



When Language Gets in the Way of Communication

Communication barriers may impede optimum warfarin treatment, according to a study of data of 3,770 patients at the Massachusetts General Hospital Anticoagulation Management Service in Boston.

Patients with limited proficiency in English are at risk for preventable adverse events and drug complications, say the researchers who conducted the study. Warfarin, they add, has a narrow therapeutic range that mandates frequent monitoring and close communication with the patient.

Using time in therapeutic range (TTR) as an indicator of quality and a surrogate for markers of complications, they compared outcomes for 241 limited English proficient (LEP)

patients with non-LEP patients. To their knowledge, the researchers say, there have been no previous studies about the relationship between LEP and TTR.

The overall mean TTR for all patients was 73.8%. The overall time in danger range (TDR) mean was 11.4%. In unadjusted analyses, LEP patients had a lower mean TTR and a higher mean TDR than did non-LEP patients. More LEP patients spent < 65% of the TTR, compared with non-LEP patients (27.8% vs 20.6%, $P = .008$). LEP patients were also more likely to spend > 15% of total TDR, compared with non-LEP patients (32.4% vs 24.3%, $P = .005$). After the researchers adjusted for sociodemographic and clinical factors, LEP patients spent significantly more time in subtherapeutic INR values

< 1.8; however, they were not at greater risk of more TDR.

According to their histories, 61% of LEP patients and 12% of non-LEP patients used a communication surrogate, which was associated with less TTR and more TDR for both groups. The researchers note that surrogates may be family members who lack health literacy on warfarin. Studies have shown, they say, that the use of “untrained ad hoc interpreters,” such as family members, may lead to worse outcomes for LEP patients. They suggest that anticoagulation clinics be aware that the use of a surrogate might identify a higher risk subset of patients. ●

Source: Rodriguez F, Hong C, Chang Y, et al. *J Am Heart Assoc.* 2013;2(4):e000170.
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