

Quality of life and associated factors in outpatients receiving oral anticoagulants: a cross-sectional study at a national hospital in Vietnam

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ABSTRACT

Objectives: Long-term oral anticoagulant therapy may affect patients' quality of life (QoL), particularly in older adults. This study aimed to evaluate the QoL and identify factors associated with QoL scores among outpatients receiving oral anticoagulants at Thong Nhat Hospital in Vietnam.

Methods: We conducted a cross-sectional study from January to March 2025 at Thong Nhat Hospital. Adult outpatients treated with vitamin K antagonists (VKAs) or direct oral anticoagulants (DOACs) were recruited. We assessed QoL score using the validated Vietnamese version of the EuroQol 5-Dimension 5-Level (EQ-5D-5L). Demographic, clinical, and medication-related data were obtained through patient interviews and reviewing medical records. Multiple linear regression was conducted to identify factors independently associated with QoL.

Results: Among 198 participants, the median age was 69.5 years (IQR: 63–78) and 62.6% were male. Most patients received DOACs (n = 165), while 33 received VKAs. Atrial fibrillation was the most common indication (89.4%). The mean EQ-5D-5L score was 0.81 ± 0.19 . Problems were most frequently reported in pain/discomfort (67.2%) and mobility (52.5%). The mean EQ-5D-5L score did not differ significantly between patients receiving VKA and those receiving DOAC (0.85 ± 0.18 vs. 0.80 ± 0.19 ; $p = 0.18$). Female sex ($\beta = -0.06$; $p = 0.02$), non-participation in household activities ($\beta = -0.14$; $p < 0.01$), and polypharmacy ($\beta = -0.06$; $p = 0.02$) were independently associated with lower QoL scores. A non-vegetarian diet was associated with better QoL scores ($\beta = 0.10$; $p = 0.03$).

Conclusions: Outpatients in Vietnam receiving oral anticoagulants have lower mean EQ-5D scores than the general population. QoL was associated with sex, engagement in household activities, dietary pattern, and polypharmacy. Our findings highlight the need for patient-centred management strategies to improve health-related QoL in this population.

Key words: quality of life, oral anticoagulants, EQ-5D-5L, outpatients

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INTRODUCTION

Oral anticoagulants are widely prescribed for the prevention and treatment of thromboembolic disorders, especially atrial fibrillation, and venous thromboembolism¹. Vitamin K antagonists (VKAs), although effective, require regular international normalised ratio (INR) monitoring, dose adjustments, and dietary restrictions, which may interfere with patients' daily activities and social functioning². Although direct oral anticoagulants (DOACs) offer more convenient dosing and fewer dietary interactions, concerns regarding bleeding risk, medication costs, and long-term adherence may still influence patients' perceived quality of life^{3,4}. In addition, bleeding complications remain a key challenge, while the application of risk stratification and patient monitoring strategies remains limited in clinical practice⁵. These issues may increase anxiety among patients receiving anticoagulation therapy⁶.

In Vietnam, the burden of atrial fibrillation and other thromboembolic conditions is increasing due to rapid population ageing⁷. In Vietnam, cardiovascular disease continues to be the primary cause of death⁸. Oral anticoagulants are commonly prescribed in outpatient settings, particularly in tertiary hospitals and geriatric hospitals⁹. However, challenges such as limited anticoagulation management services and differences in health insurance coverage may affect patients' treatment experiences¹⁰. These healthcare system factors, together with the high prevalence of multimorbidity and polypharmacy among older adults, may impact QoL in patients receiving anticoagulants¹⁰.

Although several international studies have evaluated QoL in patients receiving oral anticoagulants^{11,12}, evidence from Vietnam remains limited. To the best of our knowledge, no comprehensive study has been published assessing QoL and its associated factors

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among Vietnamese outpatients using oral anticoagulants. Therefore, this study evaluated health-related quality of life among outpatients treated with oral anticoagulants and explored factors associated with QoL in this population in Vietnam.

METHODS**Study design and setting**

A cross-sectional study was conducted among outpatients receiving oral anticoagulant therapy at Thong Nhat Hospital, a tertiary care hospital in Ho Chi Minh City, from January 1 to March 31, 2025. The inclusion criteria were: (1) age ≥ 18 years; (2) current use of oral anticoagulants (DOACs or VKAs) for any clinical indication in the outpatient setting, for at least three months before enrollment; and (3) written informed consent was obtained. Patients with cognitive impairment or severe psychiatric disorders were excluded. Data were obtained through outpatient medical records and face-to-face interviews using a structured questionnaire. The collected information included sociodemographic characteristics (age, sex, body mass index (BMI), education level, marital status, employment status, residential area, and living status). Lifestyle factors included dietary pattern (vegetarian/non-vegetarian), alcohol consumption (yes/no), smoking history (yes/no), participation in household activities (yes/no), and regular exercise (yes/no). Smoking history was defined as continuous smoking for at least 6 months up to the survey time. Alcohol consumption was defined as consuming > 2 standard drinks/day for men or > 1 standard drink/day for women on > 5 days/week. Regular exercise was defined as moderate physical activity for at least 30 minutes, 3 times/week. Information on clinical characteristics use was extracted from electronic medical records. Polypharmacy was defined as the concurrent use of five or more medications¹³.

Sample size

The sample size was calculated using the formula for estimating a population mean in a cross-sectional study: $n = (Z_{1-\alpha/2}^2 \times \sigma^2) / d^2$. With n : sample size; $\sigma = 0.15$: standard deviation of QoL scores among patients receiving oral anticoagulants, by Gabilondo et al¹¹; d : acceptable margin of error, set at 0.03; $Z_{1-\alpha/2}$: Z value corresponding to a 95% confidence level ($\alpha = 0.05$), with $Z = 1.96$. The minimum required sample size was 106 participants after accounting for 10% potential missing data or non-response. In total, 198 eligible patients were recruited.

QoL assessment

After providing written informed consent, patients were interviewed face-to-face by trained researchers (L.P & U.N.) using the validated Vietnamese version of the EQ-5D-5L questionnaire¹⁴ and a structured form to collect sociodemographic information. Each interview lasted approximately 15–30 minutes. The EQ-5D-5L instrument consists of five dimensions: mobility, self-care, usual activities, pain/discomfort, and anxiety/depression. Patients selected the level that best reflected their health status at the time of the interview. EQ-5D-5L index scores were derived using the Vietnamese value set, ranging from 0 (death) to 1 (full health). The Viet EQ-5D-5L index can range from -0.5115 to 1.0000 ¹⁴. Higher index scores indicate better health-related quality of life¹⁴.

Statistical analysis

Data were analysed using R software (version 4.5.0). Categorical variables were presented as frequencies and percentages. Continuous variables were reported as mean $\pm$ SD or median (IQR), as appropriate. Multiple linear regression analysis was performed to examine the factors associated with QoL scores. The dependent variable was the EQ-5D-5L index score. Independent variables were selected based on previous studies evaluating QoL, clinical relevance as assessed by the research team, and the availability of data in medical records and patient interviews^{11,15}. Univariate linear regression was first conducted to screen potential predictors. Variables with p -values < 0.25 were subsequently entered into a multivariable model¹⁶. We applied a multiple linear regression model, incorporating stepwise selection based on the Akaike Information Criterion, to determine factors associated with QoL scores. A p -value < 0.05 was considered statistically significant.

RESULTS**Demographic and Clinical Characteristics**

A total of 198 outpatients receiving oral anticoagulants completed the EQ-5D-5L questionnaire. The median age was 69.5 (63.0–78.0) years, with 69.7% of patients aged ≥ 65 years. Men accounted for 62.6% of the study population. The median BMI was 23.9 (22.2–26.2) kg/m². Most patients had a high school education or higher (57.6%), were retired (80.8%), married (75.7%), and living with family members (92.4%). The majority resided in urban areas (88.9%). Only 7.6% followed a vegetarian diet, and few patients reported alcohol consumption (3.0%) or a history of smoking (5.6%). Approximately 72.7% participated

in household activities, and 53.5% engaged in regular exercise.

Atrial fibrillation was the most common indication for anticoagulation (89.4%). Most patients were prescribed DOACs (83.3%), while 16.7% received

VKAs. The majority had more than two comorbidities (86.9%), and 62.1% were exposed to polypharmacy. Two-thirds of patients had been using oral anticoagulants for less than 5 years (67.2%), and 32.3% reported a history of bleeding (Table 1).

Table 1: Participants' baseline characteristics (n = 198)

Characteristic	Category	Frequency (%)
Age, median (IQR)	69.5 (63.0–78.0)	
Age group	< 65 years	60 (30.3)
	≥ 65 years	138 (69.7)
Sex	Male	124 (62.6)
	Female	74 (37.4)
BMI, median (IQR)	23.9 (22.2–26.2)	
Education level	High school or higher	114 (57.6)
	Secondary school or lower	84 (42.4)
Employment status	Retired	160 (80.8)
	Employed	27 (13.6)
	Unemployed	11 (5.6)
Marital status	Married	150 (75.7)
	Divorced/Separated/Widowed	35 (17.7)
	Single	13 (6.6)
Residential area	Urban	176 (88.9)
	Suburban	22 (11.1)
Living status	Living with family	183 (92.4)
	Living alone/Nursing home	15 (7.6)
Dietary pattern	Non-vegetarian	183 (92.4)
	Vegetarian	15 (7.6)
Alcohol consumption	Yes	6 (3.0)
	No	192 (97.0)
Smoking history	Yes	11 (5.6)
	No	187 (94.4)
Participation in household activities	Yes	144 (72.7)
	No	54 (27.3)
Regular exercise	Yes	106 (53.5)
	No	92 (46.5)
Indication for anticoagulants	Atrial fibrillation	177 (89.4)
	Mechanical heart valve	14 (7.1)
	Deep vein thrombosis (DVT)	7 (3.6)
	Pulmonary embolism (PE)	2 (1.0)
	Other	8 (4.0)
Oral anticoagulant used	DOAC	165 (83.3)
	VKA	33 (16.7)
Number of comorbidities	> 2 diseases	172 (86.9)
	≤ 2 diseases	26 (13.1)
Number of concomitant medications (polypharmacy)	≥ 5 drugs	123 (62.1)
	< 5 drugs	75 (37.9)
Duration of oral anticoagulant use	< 5 years	133 (67.2)
	≥ 5 years	65 (32.8)
History of bleeding	Yes	64 (32.3)
	No	134 (67.7)

DOAC direct oral anticoagulant, VKA vitamin Kantagonist. Source: Authors.

QoL assessment using the EQ-5D-5L score

The mean EQ-5D-5L score was 0.81 ± 0.19 (median 0.85; IQR: 0.74–0.93). There was no statistically significant difference in the mean EQ-5D-5L score between patients receiving VKA and those receiving DOAC (0.85 ± 0.18 vs. 0.80 ± 0.19 , $p = 0.18$).

Overall, 17.7% of patients reported a perfect health state. The proportions of patients reporting “no problems” in each EQ-5D-5L domain were as follows: mobility, 94 (47.5%); self-care, 170 (85.9%); usual activities, 153 (77.3%); pain/discomfort, 65 (32.8%); and anxiety/depression, 132 (66.7%). Pain/discomfort was the most frequently reported problem, with 67.2% of patients experiencing at least some degree of pain or discomfort. This was followed by mobility (52.5%), anxiety/depression (33.3%), usual activities (22.7%), and self-care (14.1%) (Figure 1).

Linear regression analysis

Multivariable linear regression analysis using the stepwise method was performed (Table 2). Female sex ($\beta = -0.06$; $p = 0.02$), non-participation in household activities ($\beta = -0.14$; $p < 0.01$), and polypharmacy (≥ 5 medications) ($\beta = -0.06$; $p = 0.02$) were independently associated with lower EQ-5D-5L index scores. In contrast, a non-vegetarian diet was significantly associated with a higher QoL score ($\beta = 0.10$; $p = 0.03$).

DISCUSSION

The study population was predominantly older adults, with a median age of 69.5 (63.0–78.0) years. The high proportion of elderly patients may be explained by the study being conducted at a geriatric-specialised hospital. Male patients outnumbered females, accounting for 62.6% and 37.4% of the sample, respectively. Regarding lifestyle characteristics, over 90% of patients were non-vegetarian, did not consume alcohol or tobacco, and lived with family members. These findings are generally consistent with the study populations reported by Ng DL (2019) and Kulthanachairojana (2023)^{12,17}. Atrial fibrillation remained the primary indication for anticoagulation (89.4%), and DOACs accounted for 83.3% of oral anticoagulant prescriptions. This finding is consistent with recent prescribing trends in Vietnam, where DOACs have increasingly replaced VKAs in routine clinical practice¹⁸. In this study, 17.7% of patients reported a perfect health state, which was lower than the proportions reported by Gabilondo (2021) (25.2%) and Cabanas-Grandío (2024) (46.1%)^{11,15}. The mean EQ-5D-5L index score was 0.81 ± 0.19 (median 0.85;

IQR: 0.74–0.93), which was lower than the reported mean of 0.91 ± 0.15 in the general Vietnamese population¹⁹. Compared with other outpatient populations receiving oral anticoagulants, our findings were also slightly lower than those of Gabilondo (2021), reported a mean index score of 0.85 ± 0.14 and a median of 0.87 (IQR: 0.77–1.00)¹¹. The proportion of patients reporting “no problems” (Level 1) in the pain/discomfort and anxiety/depression domains was 32.8% and 66.7%, respectively, compared with 46.5% and 72.1% in Gabilondo’s study¹¹, which may partly explain the lower overall index score observed in our population.

Four factors were found to be significantly associated with QoL ($p < 0.05$), including female sex, vegetarian diet, participation in household activities, and the number of concomitant medications. First, female patients tended to report lower QoL than males. This finding is consistent with Gabilondo (2021), who reported that women with atrial fibrillation had a higher risk of reduced health utility compared to men (OR = 1.28; 95% CI: 1.11–1.48; $p < 0.01$)¹¹. Women may experience a higher risk of bleeding and levels of anxiety related to bleeding risk^{20,21}. In addition, psychosocial factors such as caregiving responsibilities may contribute to lower self-reported QoL scores among female patients. Second, non-vegetarian patients had higher QoL scores. Long-term vegetarian diets may increase the risk of micronutrient deficiencies, such as vitamin B12 or heme iron, potentially affecting overall health^{22,23}. Third, patients who engaged in household activities reported better QoL. This finding aligns with Adjei (2018), who found that older adults spending 3–6 hours per day on household tasks reported better health status compared to those spending only 1–3 hours²⁴. Participation in household activities may reflect not only physical capability but also social engagement and functional independence, which are important determinants of QoL in outpatients receiving oral anticoagulants. Finally, polypharmacy was associated with lower QoL. Polypharmacy increases the risk of bleeding, drug–drug interactions, financial burden, and reduced adherence to complex regimens, particularly among older adults with multiple comorbidities^{20,25,26}. Gabilondo et al. (2021) also noted an association between the number of concomitant medications and reduced QoL in outpatients with atrial fibrillation¹¹.

In our study, no statistically significant difference in EQ-5D scores was observed between patients receiving VKAs and those receiving DOACs. In contrast, a recent review indicated that patients appear to favour

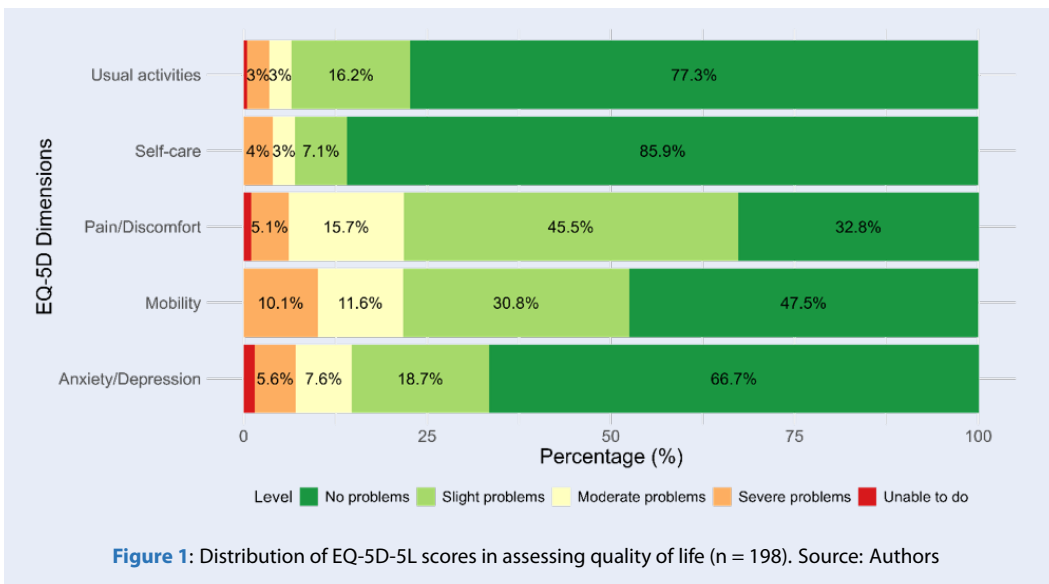


Table 2: Factors related to the overall EQ-5D-5L score (n = 198)

Factors		β	95% CI		P-values
			Upper	Lower	
Sex	Male	Reference			
	Female	-0.06	-0.11	-0.01	0.02
Residential area	Urban	Reference			
	Suburban	-0.06	-0.14	-0.02	0.12
Vegetarian diet	Yes	Reference			
	No	0.10	0.01	0.19	0.03
Participation in household activities	Yes	Reference			
	No	-0.14	-0.19	-0.08	< 0.01
Type of oral anticoagulant	DOAC	Reference			
	VKA	0.05	-0.02	0.11	0.15
Number of concomitant medications	< 5 drugs	Reference			
	≥ 5 drugs	-0.06	-0.11	-0.01	0.02

DOAC direct oral anticoagulant, VKA vitamin Kantagonist. Source: Authors.

DOAC therapy²⁷. However, substantial heterogeneity among studies limited the ability to draw clear conclusions. Differences in study design, patient characteristics, measurement tools, and healthcare settings may partially explain the variability in findings across studies. In addition, instruments such as the EQ-5D may not fully capture treatment-specific aspects of anticoagulation therapy, such as the burden of regular INR monitoring, dietary, potential drug–drug in-

teractions, or concerns about bleeding¹⁹. Future research should focus on translating, validating, and applying different quality-of-life instruments to better capture anticoagulant-related burdens and patient experiences.

Limitation

This study has several limitations. First, the sample size was small (n = 198), which may have limited the

statistical power to detect small but significant differences. In addition, the study population was predominantly composed of patients with atrial fibrillation and those receiving DOAC, which may not fully represent the broader outpatient population. Second, this was a single-centre study conducted at a national hospital in Ho Chi Minh City. Clinical practice patterns, patient characteristics, and access to healthcare services may differ across institutions and regions, thereby limiting the external validity of the results. Third, some information, particularly lifestyle factors such as smoking, alcohol consumption, diet and participation in household activities, was collected through face-to-face interviews and may be subject to recall bias or social desirability bias. Fourth, this study only used the EQ-5D-5L to assess QoL and did not incorporate other instruments that may capture different aspects of treatment-related burden. However, EQ-5D-5L is a well-validated and culturally adapted tool for the Vietnamese population. Despite these limitations, the study provides valuable real-world data on health-related QoL among outpatients receiving oral anticoagulant therapy in a Vietnamese clinical setting.

CONCLUSION

Our study highlighted that the quality of life among outpatients receiving oral anticoagulants was suboptimal compared with the general population. Female sex, vegetarian diet, lack of participation in household activities, and polypharmacy were independently associated with QoL scores. Further longitudinal studies are warranted to explore these factors and targeted strategies for optimising the quality of life among outpatients receiving oral anticoagulants.

LIST OF ABBREVIATIONS

BMI – Body Mass Index
CI – Confidence Interval
CLCS – Quality of Life
DOAC – Direct Oral Anticoagulant
EQ-5D-5L – EuroQol 5-Dimension 5-Level
INR – International Normalised Ratio
QoL – Quality of Life
VKA – Vitamin K Antagonist

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facilitation of this study. We also thank all patients who generously agreed to participate in this research.

CONFLICT OF INTEREST

The authors declare no conflicts of interest related to this study.

AUTHOR CONTRIBUTIONS

All authors have contributed, read, and approved the final manuscript. Contributions to this publication are structured according to the Contributor Roles Taxonomy and are as follows: Hoai Linh Phan Nguyen: Methodology, Investigation, Data Curation, Formal Analysis, Writing – Original Draft, Writing – Review & Editing; Uyen Thi Nguyen: Conceptualisation, Supervision, Methodology, Formal Analysis, Validation, Writing – Original Draft, Writing – Review & Editing; Y Nhi Truc Nguyen: Methodology, Supervision, Investigation, Data Curation, Writing – Review & Editing; Quynh Huong Thi Bui: Methodology, Supervision, Validation, Writing – Review & Editing.

ETHICS APPROVAL

The study protocol was approved by the Institutional Review Board of Thong Nhat Hospital (Approval No.149/2024/BV-HDYĐ, dated December 2, 2024). Our study was performed in accordance with the Declaration of Helsinki. We obtained written informed consent from all participants.

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TÓM TẮT

Mục tiêu: Sử dụng thuốc chống đông đường uống có thể ảnh hưởng đến chất lượng cuộc sống (CLCS) của người bệnh, đặc biệt ở người cao tuổi. Nghiên cứu nhằm đánh giá CLCS và xác định các yếu tố liên quan đến CLCS ở bệnh nhân ngoại trú sử dụng thuốc chống đông đường uống tại một bệnh viện tuyến trung ương ở Việt Nam.

Phương pháp: Nghiên cứu cắt ngang được thực hiện từ tháng 01 đến tháng 03 năm 2025 tại Bệnh viện Thống Nhất, Thành phố Hồ Chí Minh. Bệnh nhân ngoại trú ≥ 18 tuổi đang sử dụng thuốc kháng vitamin K (VKA) hoặc thuốc chống đông đường uống tác dụng trực tiếp (DOAC) được chọn vào nghiên cứu. CLCS được đánh giá bằng bộ công cụ EQ-5D-5L phiên bản tiếng Việt đã được thẩm định. Các thông tin về đặc điểm nhân khẩu học, lâm sàng và sử dụng thuốc được thu thập từ hồ sơ bệnh án và phỏng vấn trực tiếp người bệnh. Hồi quy tuyến tính đa biến được sử dụng để xác định các yếu tố độc lập với CLCS.

Kết quả: Trong số 198 bệnh nhân tham gia nghiên cứu, tuổi trung vị là 69,5 (IQR: 63–78), trong đó 62,6% là nam giới. Phần lớn bệnh nhân sử dụng DOAC ($n = 165$), chỉ có 33 bệnh nhân sử dụng VKA. Rung nhĩ là chỉ định phổ biến nhất (89,4%). Chỉ số EQ-5D-5L trung bình là $0,81 \pm 0,19$. Các vấn đề sức khỏe được ghi nhận nhiều nhất ở lĩnh vực đau/khó chịu (67,2%) và sự đi lại (52,5%). Không ghi nhận sự khác biệt có ý nghĩa thống kê về CLCS giữa nhóm sử dụng DOAC và VKA ($0,85 \pm 0,18$ vs. $0,80 \pm 0,19$; $p = 0,18$). Giới tính nữ ($\beta = -0,06$; $p = 0,02$), không tham gia việc nhà ($\beta = -0,14$; $p < 0,01$) và đa được ($\beta = -0,06$; $p = 0,02$) có liên quan độc lập với điểm CLCS thấp hơn. Chế độ không ăn chay có liên quan đến điểm CLCS cao hơn ($\beta = 0,10$; $p = 0,03$).

Kết luận: CLCS của bệnh nhân ngoại trú sử dụng thuốc chống đông đường uống thấp hơn so với người Việt Nam nói chung. CLCS bị ảnh hưởng bởi các yếu tố như giới tính, mức độ tham gia vào việc nhà, chế độ ăn và tình trạng đa được. Cần thúc đẩy các chiến lược chăm sóc trên nhóm bệnh nhân này để góp phần cải thiện CLCS.

Từ khóa: chất lượng cuộc sống, thuốc chống đông đường uống, EQ-5D-5L, bệnh nhân ngoại trú

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