

SAND abstract No. 174 from the BEACH program 2010–11

Subject: Atrial fibrillation/flutter in general practice patients

Organisation supporting this study: Bayer Australia Ltd

Issues: The proportion of general practice patients with atrial fibrillation or atrial flutter (AF/flutter). For patients with AF/flutter: prevalence of diabetes, hypertension, congestive heart failure, cerebrovascular accident/transient ischaemic attack (CVA/TIA); CHADS score risk of stroke; current AF/flutter medications; warfarin use; INR monitoring.

Sample: 2,402 patients from 83 GPs; data collection period: 26/10/2010 – 29/11/2010

Method: Detailed in the paper entitled *SAND method 2010–11* at:

<<http://sydney.edu.au/medicine/fmrc/publications/sand-abstracts>>. **Method for this study** Risk of stroke in AF/flutter patients was calculated using the CHADS2 score.¹

Summary of results

The age and sex distribution of the 2,402 respondents did not differ from the distribution for all 2009–10 BEACH encounters, with the majority (60.8%) being female.

Of the 2,402 respondents, 101 (4.2%, 95% CI: 3.2–5.2) had AF/flutter. AF/flutter was rare in younger age groups (0.2% in 25–44 and 1.5% in 45–64 age group), but rose significantly to 7.3% among 65–74 year olds and 18.0% of those aged 75 or more. Males were significantly more likely to have AF/flutter (6.2%, 95% CI: 4.5–7.9) than females (3.0%, 95% CI: 2.0–4.0).

Of 95 AF/flutter patients for whom co-morbidities were reported, 82 (86.3%) had at least one of the listed morbidities, 68.4% had hypertension, 29.5% had congestive heart failure, 22.1% had diabetes and 19.0% had CVA/TIA. These co-morbidities were used to calculate (a CHADS2 score¹) risk of stroke in AF/flutter patients. Most AF/flutter patients were at moderate risk (59.0%, $n = 56$ of 95) and one-third (35.8%, $n = 34$) were at high risk of stroke.

Details of current AF/flutter medications were available for 99 of the 101 patients with AF/flutter. Most (94.9%, $n = 94$) were on medication, with 40.4% taking one medication, 39.4% taking two, and 15.2% taking three or more. In total 165 medications were recorded for 94 medicated AF/flutter patients, the most common being antithrombotic agents (51.5% of all medications) comprising warfarin (42.4%) and aspirin (6.1%), followed by cardiac therapy (22.4%) comprising digoxin (16.4%), and beta blocking agents (20.0%).

Among the 99 respondents with AF/flutter, 70 (70.7%) were taking warfarin. Three-quarters of these patients had been taking warfarin for more than six months, and for two-thirds warfarin was initiated by a cardiologist. For 28 of the 29 patients not on warfarin, reasons for not taking the drug were given. The main being patient refusal, followed by bleeding risk.

Of the 70 AF/flutter patients using warfarin, details of INR monitoring were available for 69. The most common timing of INR monitoring was every 28 days/four weeks, accounting for 30 (44.1%) of AF/flutter patients on warfarin, followed by 17.6% every 15 days/two weeks and 11.8% every seven days/one week. For 15 (21.4%) of these patients, a face-to-face contact and point of care testing was recorded, and this was the most common combination of events per monitoring episode. INR stability information was available for 67 of the 70 patients. For three-quarters of these patients, less than 25% of their INR results were outside the 2–3 range in the past six months.

1 Gage BF, Waterman AD, Shannon W, Boehler M, Rich MW, Radford MJ. Validation of clinical classification schemes for predicting stroke: results from the National Registry of Atrial Fibrillation. *JAMA* 2001;285(22):2864–70.

Correspondence to: Lisa Valenti, FMRC

PLEASE READ CAREFULLY

The shaded section of the following forms asks questions about **ATRIAL FIBRILLATION/FLUTTER**.

You may tear out this page as a guide to completing the following section of forms.

INSTRUCTIONS

Please answer the following questions for **ALL** of the **next 30 PATIENTS** in the order in which the patients are seen.

Please **DO NOT** select patients to suit the topic being investigated.

Atrial fibrillation and atrial flutter

Please use the tick boxes to advise whether this patient has **atrial fibrillation** or **atrial flutter**.

If the patient **does not** have either atrial fibrillation or atrial flutter you should **end the questions here**.

Medications for atrial fibrillation/flutter

Please advise which **medication(s)** for **atrial fibrillation/flutter** this patient is currently taking.

Please include any anticoagulants.

Duration of warfarin use

For patients taking warfarin, please use the tick boxes to indicate **how long** this patient has been **taking warfarin**.

Initiation of warfarin

Please use the tick boxes to indicate which **health care professional initiated warfarin** for this patient.

If the **type of professional** is **not listed** please tick 'other' and write it in the space provided. If warfarin was initiated in a health care setting (e.g. hospital) and the type of health care professional is unknown please write the setting (e.g. 'hospital') in the space provided.

INR stability

Please specify in the **past 6 months** approximately **how many** of this patient's **INR results** were **outside** the 2-3 range.

Comorbidities

Please use the tick boxes to advise whether the patient has also been **diagnosed** with any of the **listed conditions**.

Note: CVA=cerebrovascular attack, TIA=transient ischaemic attack.

Patients not taking warfarin

If the patient is **not currently taking warfarin** please use the tick boxes to indicate **why warfarin is not used**. If the reason is not listed please specify the reason in the space provided.

Tick all that apply.

Monitoring of warfarin

Please specify **how often** this patient's **INR is monitored**. For example, for patients who have their INR tested every month please write:

4 days / weeks

Please use the tick boxes to indicate **who orders the INR monitoring tests**.

For **each monitoring episode** (i.e. the INR test, communicating results and dosage advice) approximately **how many contacts** (i.e. face-to-face visits, phone calls) and **INR tests** (either lab-based or point of care tests) **were required**.

Note: PoCT refers to point of care INR testing.

<p>Does this patient have:</p> <input type="checkbox"/> Atrial fibrillation (AF) <input type="checkbox"/> Atrial flutter <input type="checkbox"/> Neither of the above → End questions	<p>Does the patient also have: (Tick all that apply)</p> <input type="checkbox"/> Diabetes <input type="checkbox"/> Hypertension <input type="checkbox"/> Congestive heart failure <input type="checkbox"/> CVA / TIA <input type="checkbox"/> None of the above	<p>Current medications for AF/flutter are: (please specify medication name)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> No medication</p>	<p>For patients NOT USING warfarin, why not?</p> <input type="checkbox"/> Patient refusal <input type="checkbox"/> High bleeding risk <input type="checkbox"/> Other reason(s): _____ <p>(please specify)</p>	<p>For patients USING warfarin: How long has patient been taking warfarin?</p> <input type="checkbox"/> <3 months <input type="checkbox"/> 3-6 mths <input type="checkbox"/> >6 mths <input type="checkbox"/> Don't know	<p>Who initiated the warfarin?</p> <input type="checkbox"/> GP <input type="checkbox"/> Cardiologist <input type="checkbox"/> Neurologist <input type="checkbox"/> Other: _____ <p>(please specify)</p>	<p>INR monitoring is usually done every:</p> <p>_____ days / weeks (Please circle)</p> <p>Ordered by?</p> <input type="checkbox"/> GP <input type="checkbox"/> Specialist <input type="checkbox"/> Other	<p>Each monitoring episode (including giving results) involves approx. how many:</p> <p>Face-to-face consults _____</p> <p>Phone calls _____</p> <p>INR tests (at lab) _____</p> <p>INR tests (PoCT) _____</p>	<p>In the past 6 mths how many INR results were outside the 2-3 range?</p> <input type="checkbox"/> <25% <input type="checkbox"/> 25-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> >75% <input type="checkbox"/> Don't know
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