

SAND abstract No. 178 from the BEACH program 2010–11

Subject: Warfarin use in general practice patients

Organisation supporting this study: Bayer Australia Ltd

Issues: The prevalence of current or history of atrial fibrillation (AF/past AF), deep vein thrombosis (DVT/past DVT), pulmonary embolism (PE/past PE) and heart valve disease (HVD/past HVD) in general practice patients; proportion of these patients taking warfarin; duration of warfarin use; proportion not taking warfarin; reasons warfarin is not used. For AF/past AF patients who take warfarin: frequency of INR testing; which health professional orders the INR test; use of health resources for each episode of INR monitoring; number of INR results available from the past 6 months; proportion of INR results that reflect uncontrolled INR (outside 2.0–3.0 range).

Sample: 3,075 patients from 106 GPs; data collection period: 18/01/2011 – 21/02/2011

Method: Detailed in the paper entitled *SAND method 2010–11* at:
<<http://sydney.edu.au/medicine/fmrc/publications/sand-abstracts>>.

Summary of results

The age distribution of patients did not differ from that of the annual BEACH sample but there was a significantly smaller proportion of male patients (38.7%, 95% CI: 35.6–41.8) in this sample than in total 2009–10 BEACH encounters (43.1%, 95% CI: 42.3–43.9).

Among the 3,075 respondents, 92.3% had none of the listed conditions and 237 (7.7%) had/had a history of at least one. Multiple listed conditions were allowed for each patient. There were 138 (4.5%) AF/past AF patients, 39 (1.3%) DVT/past DVT patients, 29 (0.9%) PE/past PE patients and 65 (2.1%) HVD/past HVD patients.

AF was rare in patients aged less than 45 years. Rates rose significantly through the age groups with 63.5% of AF/past AF patients being 75 years and older (95% CI: 53.9–73.1). AF was more prevalent in males (6.9%, 95% CI: 5.2–8.6) than in females (3.1%, 95% CI: 2.2–3.9).

Of 236 respondents with at least one of the listed conditions, more than half (54.7%) were currently taking warfarin, 47 (19.9%) had previously taken it and 60 (25.4%) had never taken it. Of 43 patients where duration of warfarin use was known, the average was 9.5 months. Of 107 patients not currently taking warfarin, 'warfarin not required' was the reason for 65.9%, 'high bleeding risk' for 15.4%, and 'patient refusal' for 3.3%.

Of 118 AF/past AF respondents, 67 (56.8%) were currently taking warfarin. Of 61 for whom duration was known, 53 (86.9%) had taken warfarin for longer than 12 months. Of 64 who gave frequency of INR monitoring, every four weeks was the usual (40.6%), followed by every two weeks (29.7%). Of 62 who indicated the health professional who ordered INR monitoring tests, 90.3% were ordered by a GP, 8.1% by a specialist and 1.6% by an other practitioner. Of 67 who provided details on use of health resources for each episode of INR monitoring, the most common combination of events was face-to-face contact and point of care INR testing ($n = 19$; 28.4%) followed by phone calls and laboratory INR testing ($n = 14$; 20.9%). Of 67 for whom number of INR results in the past six months was known, there were an average of 9.7 results. Of respondents to the INR stability questions, 15 (23.4%) had no results < 2.0 and 18 (30%) had no results > 3.0 in the past 6 months. Of 58 patients with results outside the 2–3 range, 27 (46.6%) had 25–50% of their results reflecting uncontrolled INR, 22 of these patients indicated that duration of warfarin use was longer than 12 months.

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PLEASE READ CAREFULLY

The shaded section of the following forms asks questions about **PATIENT USE OF WARFARIN**.
 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.

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) **are required**.

Note: PoCT refers to point of care INR testing.

Patient conditions

Please use the tick boxes to advise whether the patient **currently has**, or has a **history of, any of the listed conditions**.

Tick as many as apply.

If the patient has **not** had any of the listed conditions, you may **end questions here** for this patient.

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.

Warfarin use

Please advise whether this patient has **ever taken warfarin**.

If **'yes'** please indicate whether **warfarin is currently used, or was taken previously**. If it was **used previously**, please indicate the **length of time** (in months) **that the patient took warfarin**.

If past warfarin use has been episodic please specify the duration of the most recent episode of warfarin use.

Duration of current warfarin use

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

If the patient is **not** currently using warfarin please **end questions here** for this patient.

INR stability

Please specify approximately **how many** of this patient's **INR results** were available in the **past 6 months**. Of these, please specify how many were **less than 2.0**, and how many were **more than 3.0**.

If the answer to any question is **'none'** please write **'0'** in the space provided.

<p>Does the patient have (or have a history of) any of the following:</p> <p><input type="checkbox"/> Atrial fibrillation <input type="checkbox"/> Deep vein thrombosis (DVT) <input type="checkbox"/> Pulmonary embolism (PE) <input type="checkbox"/> Heart valve disease <input type="checkbox"/> None of the above</p> <p>End questions ←</p>	<p>Has this patient ever taken warfarin?</p> <p><input type="checkbox"/> Yes - currently <input type="checkbox"/> Yes - previously, for a duration of: ___ mths <input type="checkbox"/> No - never</p>	<p>If NO current use of warfarin, why not?</p> <p><input type="checkbox"/> Patient refusal <input type="checkbox"/> High bleeding risk <input type="checkbox"/> Not required <input type="checkbox"/> Other reason(s): _____ <i>(please specify)</i></p>	<p>Current warfarin use:</p> <p>If not currently using warfarin → End Qs</p> <p>How long has warfarin been taken?</p> <p><input type="checkbox"/> <3 mths <input type="checkbox"/> >12 mths <input type="checkbox"/> 3-6 mths <input type="checkbox"/> Don't know <input type="checkbox"/> 7-12 mths</p>	<p>INR monitoring is usually done every:</p> <p>___ days / weeks <i>(Please circle)</i></p> <p>Ordered by?</p> <p><input type="checkbox"/> GP <input type="checkbox"/> Specialist <input type="checkbox"/> Other</p>	<p>Each monitoring episode (including giving results) involves approx. how many:</p> <p>Face-to-face consults ___ Phone calls ___ INR tests (at lab) ___ INR tests (PoCT) ___</p>	<p>In the past 6 months, approx. how many INR results were available: _____ <i>(please specify)</i></p> <p>Of these INR results, how many were...</p> <p>less than 2.0: _____ more than 3.0: _____</p>
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