

SAND abstract No. 73 from the BEACH program 2004–05

Subject: Warfarin use in patients with qualifying morbidity

Organisations supporting this study: AstraZeneca (Australia)

Issues: The prevalence of conditions (or history of conditions) indicating anticoagulants as appropriate therapy; the proportion of these patients taking warfarin; the reasons for not taking warfarin for those conditions.

Sample: 2,572 respondents from 89 GPs; data collection period: 24/08/2004–27/09/2004.

Method: Detailed in the paper entitled 'SAND Method 2004–05' on this website:
<http://www.fmrc.org.au/publications/SAND_abstracts.htm>.

Summary of results

The age and sex distribution of this sub-sample was similar to the annual BEACH sample. Three point one per cent (n=79) had/had a history of atrial fibrillation, 1.3% (n=33) had/had a history of stroke, 1.2% (n=32) transient ischaemic attack, 1.2% (n=30) deep vein thrombosis and 0.7% (n=17) had/had a history of pulmonary embolism. Multiple listed conditions were allowed for a patient.

The majority of the 2,572 respondents, 93.2%, (95% CI: 91.4–95.0) had none of the listed conditions, and 159, 6.2% (95% CI: 4.5–7.9), had/had a history of one. Only 16 patients, 0.6% (95% CI: 0.3–1.0), had/had a history of two conditions.

Of 173 patients having/with a history of at least one listed condition and for whom age could be calculated, more than three quarters (77.5%) were aged 65 years and over, 16.2% were between 45 and 64 years, and 6.4% were 25–44 years old. Of 173 patients having/with a history of at least one of the listed conditions and their sex recorded, about half (49.1%) were male.

Of 174 patients having/with a history of at least one of the listed conditions, 52.3% (95% CI: 39.3–65.3) were currently taking warfarin. Of 78 patients having/with a history of atrial fibrillation and responding to the question about warfarin use, 69.2% were currently taking warfarin. Among 17 patients having/with a history of pulmonary embolism, fourteen (82.4%) were using warfarin. Of 30 patients having/with a history of deep vein thrombosis and responding to the warfarin use question, 70% (n=21) were currently taking warfarin.

Patients having/with a history of stroke or transient ischaemic attack, were less likely to use warfarin. Of 33 patients having/with a history of stroke and responding to the warfarin use question, eight (24.2%) were taking warfarin. Among 32 patients having/with a history of transient ischaemic attack and responding to this question, four (12.5%) were using warfarin.

Of 83 patients having/with a history of at least one of the listed conditions and responding to the question about reason(s) for not using warfarin (multiple response allowed), 30.1% (n=25) indicated that the risk of bleeding outweighs risk reduction, four (4.8%) indicated there were contraindications, three (3.6%) recorded drug interactions, eight (9.6%) were due to patient preference, nine (10.8%) patients were unable to cope with monitoring / dose adjustment, 47 (56.6%) were using anti-thrombotic other than warfarin, and 22 (26.5%) suggested other reasons.

There were 42 anti-thrombotics other than warfarin being used for the listed conditions. Of these aspirin was most common (54.8%, n=23), followed by clopidogrel (n=7, 16.7%) and aspirin +dipyridamole (n=6, 14.3%).

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