SAND abstract number 199 from the BEACH program 2012–13

Subject: Anticoagulant and antiplatelet use by general practice patients

Organisation collaborating for this study: Pfizer Australia Pty Ltd

Issues: The prevalence among patients attending general practice, of diagnosed: atrial fibrillation (AF), deep vein thrombosis, pulmonary embolism, heart valve disease and/or acute coronary syndrome; anticoagulant and antiplatelet medications taken for these conditions and duration of current use; for patients on warfarin, availability of INR results from previous six months, proportion of these reflecting uncontrolled INR; for patients with AF, CHADS score for risk of stroke compared with GP’s perception of risk, glomerular function testing, and level of renal function.

Sample: 2,860 patients from 100 GPs; data collection period: 02/05/2012 – 04/06/2012.


Summary of results

The age and sex distributions of the patient sample did not differ from those of all patients at 2011–12 BEACH encounters. At least one listed condition was reported for 324 patients (11.3%; 95% CI: 9.5–13.1). Prevalence of: AF was 5.5%; acute coronary syndrome 3.7%; heart valve disease 1.7%; deep vein thrombosis 1.4%; and pulmonary embolism 0.7%. After adjustment for attendance rates, in the attending population prevalence of: at least one listed condition was 6.6%; AF 2.9%; acute coronary syndrome 2.2%; heart valve disease 0.9%; deep vein thrombosis 1.0%; and pulmonary embolism 0.5%. Among 320 respondents to medication use: 40.0% (n=128) were on warfarin—mean duration 54 months (n=103); 28.1% (n=90) were taking prescribed aspirin—mean duration 60 months (n=55); 15.9% (n=51) were on clopidogrel—mean duration 43 months (n=36); 12.2% (n=39) were on over-the-counter aspirin—mean duration 56 months (n=25); 1.3% (n=4) were on dabigatran—mean duration 10 months (n=4).

Of 122 respondents on warfarin, 32.0% had 6–8 INR results, and a further 32.0% had 12–23 INR results available from the previous 6 months. Of 110 respondents on warfarin, 82.7% had at least half of their INR results in the normal range (i.e. between 2.0 and 3.0).

CHADS score is a clinical prediction rule for estimating the risk of stroke in patients with AF. For 148 AF respondents, CHADS score suggested 7.4% were at low risk, 48.0% were at moderate risk, and 44.6% were at high risk of stroke. For 144 AF respondents, according to GP opinion 18.1% were at low risk, 46.5% were at moderate risk and 35.4% were at high risk. Of patients grouped as high risk using the CHAD score, 55.4% were also grouped as high risk by the GP, while 35.4% were considered moderate, and 9.2% were considered low risk.

Of 150 respondents with AF, 138 (92.0%) had glomerular filtration rates (GFR) from the previous 12 months, the majority (78.7% of the 150 AF patients) having estimated GFR (eGFR). Using Kidney Health Australia categories, of the 138, 5.8% had normal results, 51.4% had mild kidney damage, 40.6% had moderate damage, and 2.2% had severe damage.


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Please read carefully
The shaded section of the following forms asks questions about **Anticoagulant and antiplatelet medication use.**
You may tear out this page as a guide to completing the following section of forms.

**Instructions**
Ask EACH of the **next 30 patients** the following questions in the order in which the patients are seen.
Please **do not** select patients to suit the topic being investigated.

**Patient conditions**
Please use the tick boxes to advise whether the patient **currently has**, or has a **history of**, any of the listed conditions. If the patient **has not** had any of the listed conditions, you may **end questions here** for this patient.

**Anticoagulant and antiplatelet medication**
Please use the tick boxes to indicate whether the patient **is currently** taking any of the listed anticoagulant or antiplatelet medications. Please tick all that apply.
If the patient is taking aspirin please indicate whether the patient purchases the aspirin with a prescription (i.e. PBS subsidised) or as an over-the-counter (OTC) medication.
For each medication, please specify the **duration of current use**.

<table>
<thead>
<tr>
<th>Does the patient have (or have a history of) any of the following:</th>
<th>Current anticoagulant/antiplatelet medications:</th>
<th>If taking Warfarin:</th>
<th>For patients with Atrial Fibrillation:</th>
<th>In the past 12 months, has the patient had their glomerular filtration rate (GFR) tested?</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Atrial fibrillation</td>
<td>• Warfarin</td>
<td>In the past 6 mths, approx. how many INR results were available:</td>
<td>Does the patient have:</td>
<td>• Estimated GFR: ____ mL/min/1.73m² (please specify)</td>
</tr>
<tr>
<td>• Deep vein thrombosis</td>
<td>• Aspirin (prescription) ____ mths</td>
<td>(please specify)</td>
<td>• Diabetes</td>
<td></td>
</tr>
<tr>
<td>• Pulmonary embolism</td>
<td>• Aspirin (OTC) ____ mths</td>
<td>Of these INR results, how many were:</td>
<td>• Hypertension</td>
<td></td>
</tr>
<tr>
<td>• Heart valve disease</td>
<td>• Clopidogrel ____ mths</td>
<td>• less than 2.0: ____</td>
<td>• Congestive heart failure</td>
<td></td>
</tr>
<tr>
<td>• Acute coronary syndrome</td>
<td>• Dabigatran ____ mths</td>
<td>• more than 3.0: ____</td>
<td>• Previous stroke / TIA</td>
<td></td>
</tr>
<tr>
<td>• None of the above</td>
<td>• None of the above</td>
<td></td>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

**INR stability for patients on warfarin**
If the patient is currently taking warfarin, please specify approximately **how many of the 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.

**Atrial fibrillation patients**
The following questions are for patients with atrial fibrillation.

**Risk of stroke**: please indicate whether, in your clinical opinion, the patient has a low, moderate or high risk of future stroke.

**Comorbidities**: please use the tick boxes to advise whether the patient has any of the listed conditions. (*Note: TIA=transient ischaemic attack*)

**Glomerular filtration rate (GFR)**: please use the tick boxes to advise whether the patient’s **creatinine clearance** has been tested/estimated in the **past 12 months** to determine the GFR.
Please indicate whether the GFR was estimated (i.e. eGFR automatically generated by the laboratory using serum creatinine) or calculated (e.g. using the Cockcroft-Gault formula), and the result of the most recent GFR test.