

# APPROPRIATENESS OF THE INDICATION OF ANTICOAGULANT THERAPY IN PATIENTS WITH NON-VALVULAR ATRIAL FIBRILLATION

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## AIM AND BACKGROUND

Anticoagulant therapy is the most effective treatment in non-valvular atrial fibrillation for prevention of thromboembolism. The purpose of the study is to evaluate the appropriateness of anticoagulant therapy in non-valvular atrial fibrillation in the general population of a primary care based on criteria of European Society of Cardiology.

## DESIGN AND METHODS

**Design:** Descriptive, cross-sectional study was carried out in an urban primary health care center in Barcelona, Spain.

**Patients and Methods:** Patients with non-valvular atrial fibrillation of the center were studied (electronic database). The variables analyzed included demographic data, treatment (anticoagulant or antiplatelet therapy), and criteria for anticoagulant therapy.

### CRITERIA FOR ANTICOAGULANT THERAPY

CHA<sub>2</sub>DS<sub>2</sub>-VASc: anticoagulant therapy indicated if  $\geq 2$  points

- ❖ 1 point:
  - Congestive heart failure/Left ventricular dysfunction
  - Hypertension (HTA)
  - Diabetes mellitus (DM)
  - Peripheral vascular disease
  - Myocardial infarction
  - Age 65-74 years
  - Female sex
- ❖ 2 points:
  - Age  $\geq 75$  years
  - Stroke/TIA/thromboembolism

### CRITERIA TO CONTRAINDICATE ANTICOAGULANT THERAPY

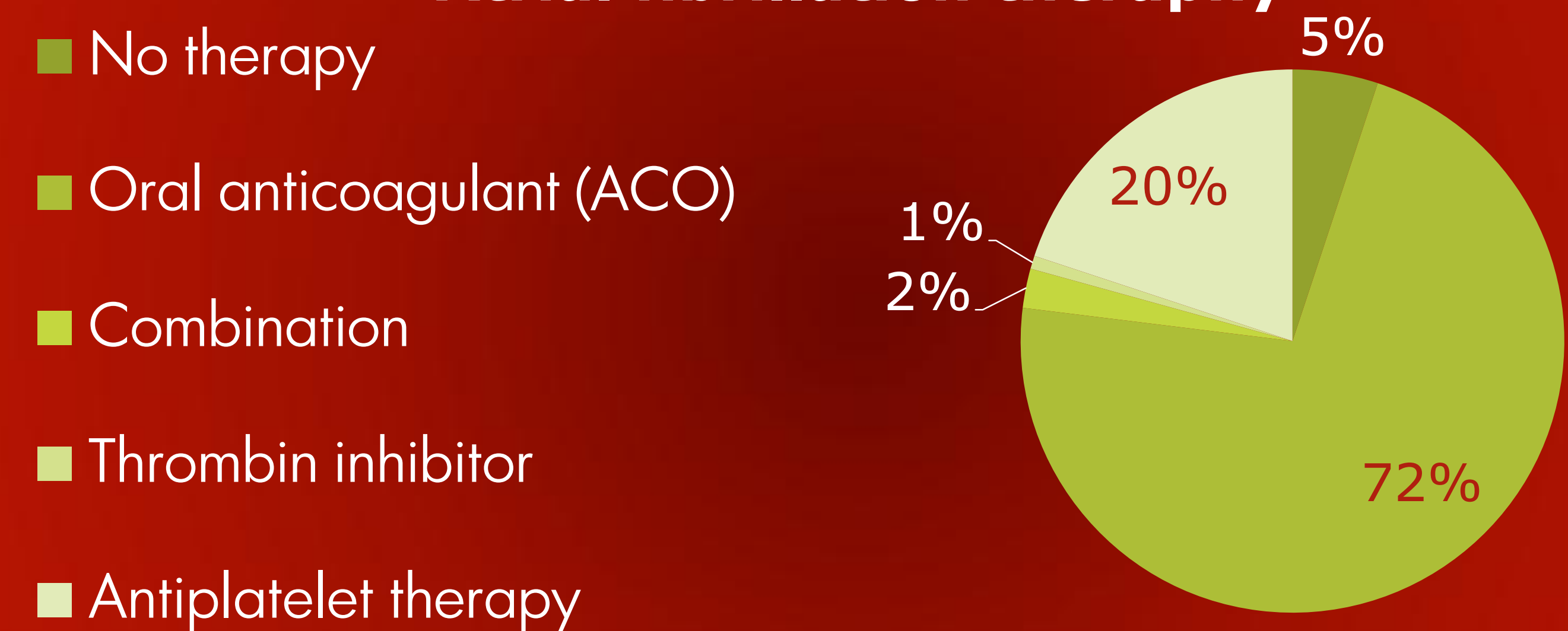
HAS-BLED: risk of bleeding if  $\geq 3$  points

- ❖ All scored 1 point:
  - Systolic blood pressure  $>160$  mmHg
  - Stroke
  - Labile INR ( $<60\%$  remain in the therapeutic time range)
  - Age  $>65$  years
  - Abnormal renal function
  - Abnormal liver function
  - Alcohol abuse
  - Taking other drugs that may increase the bleeding risk

## RESULTS

- ✓ 256 patients had a diagnosis of non-valvular atrial fibrillation.
- ✓ The mean age was 78,6 years (SD 9,1).
- ✓ 56,6% of patients were women.
- ✓ HTA 80,1%.
- ✓ Hypercholesterolemia 33,2%.
- ✓ DM 28,5%.
- ✓ Smoking people 7% (ex-smoking people 21,1%).
- ✓ Drugs for rhythm control 75,4%.

### Atrial fibrillation therapy



|             |     | CHA <sub>2</sub> DS <sub>2</sub> -VASc                                   |   |
|-------------|-----|--|---|
|             |     | ACO was indicated<br>(CHA <sub>2</sub> DS <sub>2</sub> -VASc $\geq 2$ p) | ACO was not indicated<br>(CHA <sub>2</sub> DS <sub>2</sub> -VASc $< 2$ p) |
| ACO Therapy | YES | 185 (77,1%)  | 7 (43,8%)   |
|             | NO  | 55 (22,9%)   | 9 (56,3%)   |

|             |     | HAS-BLED                                |  |
|-------------|-----|---|--|
|             |     | ACO was indicated<br>(HAS-BLED $< 3$ p) | ACO was not indicated<br>(HAS-BLED $\geq 3$ p) |
| ACO Therapy | YES | 124 (66,3)                              | 7 (87,5%)                                      |
|             | NO  | 63 (33,7%)                              | 1 (12,5%)                                      |

- ✓ 93,8% of patients had CHA<sub>2</sub>DS<sub>2</sub>-VASc  $\geq 2$  points
- ✓ In this case, 77,1% were taking anticoagulants and 19,2% antiplatelet therapy.
- ✓ 6,7% of the remaining patients had a CHA<sub>2</sub>DS<sub>2</sub>-VASc  $< 2$  points, 43,8% were taking anticoagulant therapy and 31,6% taking antiplatelet therapy.

- ✓ Only 4,1% of patients had a HAS-BLED  $\geq 3$  points
- ✓ In this case, 87,5% were taking anticoagulants and 12,5% antiplatelet therapy.
- ✓ 95,9% of the remaining patients had a HAS-BLED  $< 3$  points, 66,3% were taking anticoagulant therapy and 26,7% antiplatelet therapy.

## CONCLUSIONS

- ✓ The European Society of Cardiology criteria suggests anticoagulant treatment in non-valvular atrial fibrillation in most cases.
- ✓ The proportion of patients with anticoagulant treatment was high.