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Exploring the quality of anticoagulant prescribing in patients with atrial fibrillation at the St John of God Hawkesbury District Health Centre, New South Wales, Australia

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Background: Limited data are available on the clinical management of atrial fibrillation (AF) and its outcomes from an Australian perspective.

Objective: To describe the appropriateness of antithrombotic prescribing for patients who presented with a diagnosis of AF to the Hawkesbury St John of God Hospital, NSW Australia.

Methods: This retrospective observational study reviewed patients admitted to St John of God Hawkesbury Hospital (SJOGH) with AF between June 2016 and June 2017. We calculated stroke risk using the CHA₂DS₂-VASc score based on medical records and reviewed the appropriateness of oral anticoagulant (OAC) prescribing compared to the 2016 European Society of Cardiology (ESC) guidelines. Patients were excluded if they had only one episode of AF that reverted either spontaneously or upon cardio-version without any documented recurrences.

Results: A total of 200 patients (18 years) were included, with 180 (90%) deemed eligible for anticoagulation. Of these 72.8% (n=131) were prescribed an OAC. A total of 40.0% of patients at low risk of stroke and 68.4% at intermediate risk were prescribed an OAC, respectively. Apixaban was the direct oral anticoagulant of choice with 36.6% of patients prescribed an OAC receiving apixaban. Warfarin was prescribed for 25.1% of the patients prescribed an OAC.

Conclusion: The underutilization of anticoagulant medication in high risk groups and over utilization in low risk groups remains an ongoing issue in contemporary AF management and highlights the need to improve AF related stroke prevention in our jurisdiction.

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