Cross Sectional study on Atrial Fibrillation (AF) Management in Primary Care

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Introduction

Atrial Fibrillation (AF) is one the most common cardiac arrhythmia encountered in the primary care. [1] It significantly increases the risk of stroke by five-fold. [2] Studies have shown that use of Oral Anti-coagulation (OAC) agents effectively reduced the risk of stroke in patients with AF. [1] AF patients with high risk of stroke should be identified by tools such as CHA2DS2-VASc (C-Congestive heart failure, H-Hypertension, A2-Age≥75, D-Diabetes, S2-prior stroke/TIA/thromboembolism, V-vascular disease, Age-age 65-74, Sc-Female sex). OAC should be offered to them accordingly. [2]

Objectives

The objective of the study was to review current status of documentation of the above risk factors of stroke and whether patients categorized as high risk of stroke have received offers for OAC treatment

Methodology

All AF cases coded by International Classification of Primary Care-2 (ICPC-2) K78 and had attended Buddhist Hospital (BH) General Outpatient Clinic (GOPC) from 15/6/2014 to 14/6/2015 were recruited. Their medical record was reviewed by a trained family physician according to the four criteria stated below: Documentation of risk score for stroke in Clinical note: CHA2DS2-VASc score, score >2 means high risk of stroke   Referral/seen by Medical   Documentation of discussing the use of warfarin/Novel oral anticoagulant (NOAC) in clinical note   Presence of intervention for stroke prevention: aspirin/warfarin/NOAC   Exclusion criteria include death of patient, patient followed up by medical or other units, wrongly diagnosed AF patients and AF patients who have already reverted to sinus rhythm.

Result

There were 127 cases recruited into the study, among which 33 cases   were excluded and the remaining 94 cases were recruited for data analysis. The male to female ratio was 31/63 (33%/67   %). The age of patients >65 accounted for 94.7%

(89 patients) Risk factors for stroke for these patients were recorded in table 1. There were 89 (94.7%) of the patients have a high risk score for stroke. The results of the criteria were stated below: Yes 4 (4.3%), No 90 (95.7%) Yes 90 (95.7%), No 2 (2.1%), Not known 2 (2.1%) Yes 50(53.2%), No documentation 28(29.8%), No for other reasons (low risk, age and history of intra-cranial hemorrhage) 15 (16%) and Not known 1 (1.1%) Aspirin 78 (83%); warfarin/NOAC 7 (7.4%); No for unknown reason 4 (4.3%); No for intra-cranial hemorrhage/bleeding risk/peptic ulcer 3(3.2%) and Patient declined 2 (2.1%). Conclusion The documentation of the risk score for stroke among AF patient managed in the primary care was suboptimal. Most AF cases have already been seen by medical colleagues with appropriate investigation and intervention. No documentation of the discussion on the use of OAC has been identified in a significant proportion (29.8%) of the record . Among patients with high risk score, only 56.2% (50/89) had documentation of the discussion on the use of OAC. Further follow up of these patients is necessary. 83 % of patients are still treated with aspirin as most of them were referred from specialist clinic and were reluctant to start OAC. However, regular follow up of these cases to review their stroke risk profile would be highly recommended