










The relationship between patterns of atrial fibrillation and anticoagulation in practice

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Introduction: Current guidelines in atrial fibrillation (AF) recommend using CHA₂DS₂-VASc score when deciding whether anticoagulant (AC) therapy should be given for stroke prevention in patients with AF¹. In anticoagulated patients, the risk of stroke/systemic embolism is similar across AF patterns². *Aim:* To examine relationship between AF temporal pattern and the practice of prescribing AC by cardiologists and internal medicine specialists to patients with CHA₂DS₂-VASc score ≥2 for men and ≥3 for women in Dubrava University Hospital (DUH) in 2016.

Patients and Methods: We reviewed hospital records contained in the hospital electronic system for all patients with AF diagnosis and permanent residence within DUH area, who were treated or examined at the Department of Internal Medicine, Division of Cardiology and Emergency Department. Only those patients were included who: 1) had previously at least one explicit AF in-patient diagnosis, or two AF out-patient diagnoses, 2) finding signed by a cardiology or internal medicine specialist and 3) had a hospital record from 2016 with therapy data and explicit AF pattern classification. The last AC therapy entry and last AF pattern classification in 2016 were taken as relevant. We compared the practice of AC therapy in the paroxysmal AF group to the combined persistent/permanent AF group.

Results: Of 2124 AF patients with therapy data and explicit AF pattern classification, 1947 were CHA₂DS₂-VASc score ≥2 for men and ≥3 for women. Out of 641 patients classified as paroxysmal, only 323 (50.4%) patients received AC therapy, while 86 (13.4%) were prescribed antiplatelet therapy (APT) or in 232 (36.2%) patients nothing. Out of 1306 patients with persistent/permanent AF, 986 (75.5%) were prescribed AC, 93 (7.1%) were given APT, while 227 (17.4%) were given none. The difference in AC prescription practice was significant.

Conclusion: There is a significant hesitation by physicians in practice to prescribe AC therapy to patients with paroxysmal AF despite high CHA₂DS₂-VASc score.

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LITERATURE

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