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Role of primary care in diagnosis and monitoring of non-valvular atrial fibrillation over 5 years

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Background & Aim: Non-valvular Atrial Fibrillation (NVAF) management is complex and requires increased involvement of Family Doctor (FD). Our objective was to evaluate the role of FD in diagnosis, treatment and monitoring of patients with NVAF.

Method: We reviewed electronic medical records of patients diagnosed of FANV in our Health Centre from 2010 to 2014 and collected comorbidity, existence and type of stroke, FD visits for AF, and cardiologist, INR controls, treatment and level of prescription, bleedings, hospital emergency department attendances and hospital admissions.

Results: We included 224 patients, mean age 79.5 years (SD 10.14), 58.0% of women. 87.9% had hypertension, 43.3% heart failure, 39.3% diabetes, 20.5% ischemic heart disease, 8.9% severe chronic renal failure.

- Who diagnosed the FA: FD 37.5%, 24.6% emergency, 12.1% cardiology, 7.1% during hospitalization and 1.3% others.
- Level of care that prescribes treatment for MF/cardiology/emergency/others:
Antiplatelet: 13.8%/5.4%/2.8%/6.3% (71.9% no antiplatelet)
VKA: 22.8%/25%/20.5%/13.8% (17.9% no VKA)
NAO: 0.9%/5.4%/0.4%/3.1% (90.2% no NAO) Antiarrhythmics:
24.6%/32.1%/15.2%/12.9% (15.2% no antiarrhythmic)
Digoxin: 9.8%/6.3%/4%/2.2% (77.7% no digital)
- 6.6% of anticoagulated patients had major bleeding and 20.6% minor.
- Average annual visits to FD and cardiology: 1.3 and 0.98 respectively.
- Patients with unstable INR were between 17% and 31%.
- Emergency attendances according to unstable INR / nonunstable within 5 years:
1.92/0.67 (p=0.05), 1.15/0.76 (p=0.13), 2/0.99 (p=0.005), 1.1/0.95 (p=0.62), y
1.07/0.96 (p=0.78).
- Hospital admissions according to unstable INR / nonunstable within 5 years:
0.69/0.08 (p=0.038), 0.21/0.15 (p=0.55), 0.46/0.18 (p=0.068), 0,57/0.25 (p=0.26),
0.36/0.33 (p=0.56).

Conclusions: The level of care that diagnosed greater proportion of AF is the FD, with high involvement in treatment prescription, although not particularly involved in monitoring respect the cardiologist.

Patients with unstable INR originate more hospitalizations and emergency attendances.