

PS2.046

Prescribing oral anticoagulants in atrial fibrillation

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Background & Aim: Atrial fibrillation (AF) is the most prevalent sustained arrhythmia in clinical practice and affects about 1% of the population. Oral anticoagulant drugs (OAD) are the most effective antithrombotic agents and are highly recommended for the treatment of these patients, according to the current European Society of Cardiology guidelines.

Aim: characterize the prescription of OAD to patients diagnosed with AF.

Method: Observational, retrospective study. Population: patients with AF enrolled in two Family Health Units, and who had a medical appointment during 2015. For each patient, the prescriptions of 2015 were analyzed and identified the OAD prescribed: warfarin, acenocoumarol, dabigatran, rivaroxaban or apixaban. Data source: computerized medical records. Data analysis: Microsoft Excel 2010®, SPSS 18.0®.

Results: The study covered 112 patients with AF (59.8% of females) aged between 47 and 91 years (mean age 74.5 years). OAD were prescribed in 55.4% of patients with AF (50% above 65 years): 50% of males and aged between 50 to 91 years (mean 73.3 years). Of these, 56.5% was taking a vitamin K antagonist (94.3% warfarin and 5.7% acenocoumarol). The new OAD (NOADs) were prescribed in 43.5% of patients: 74.1% dabigatran, 18.5% rivaroxaban and 7.4% apixaban.

Conclusions: Only half of the patients were treated with OAD; however, this number may be underestimated, since the prescription was not recorded at the level of secondary healthcare. Although recent, the NOADs already comprise nearly half of the OAD prescriptions. Several studies have proven the effectiveness of OAD in preventing stroke in patients with AF, with the consequent reduction in mortality and morbidity. It is in this fundamental sense the role of the general practitioner, not only in the evaluation of thromboembolic risk patients, but also the appropriate treatment having always into account the current scientific evidence.

Disclosure: No conflict of interest declared.