Assessing whether patients with atrial fibrillation at risk of ischaemic stroke are receiving anticoagulation therapy: an audit in general practice

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Introduction

Atrial Fibrillation (AF) is a common condition in the elderly and is one of the most significant risk factors for ischaemic stroke which is amongst the highest causes of worldwide mortality.[1,2] As a result of this, it is important to understand why patients with AF may or may not be receiving optimum anticoagulation therapy in accordance with NICE recommendations.[1]

An audit at a Brighton GP Practice was undertaken to explore what percentage of patients were receiving optimum anticoagulation therapy, either warfarin or New Oral Anticoagulant (NOA) in accordance with NICE guidance. Although NICE recommends the use of the CHA_2DS_2-VASc score to stratify patients, EMIS software still uses the $CHADS_2$ score, so this was used instead. (Fig. 1).[3]

$CHADS_2$ score	
C	Congestive heart failure (1 point)
H	Hypertension (1 point)
A	Age 75 years or older (1 point)
D	Diabetes mellitus (1 point)
S_2	Previous stroke or transient ischaemic attack (2 points).

Figure 1.[3] $CHADS_2$ stroke risk stratification schema

Aims

Audit Criteria: All patients diagnosed with Atrial fibrillation who have a $CHADS_2$ score ≥2 should receive optimal anticoagulation therapy.

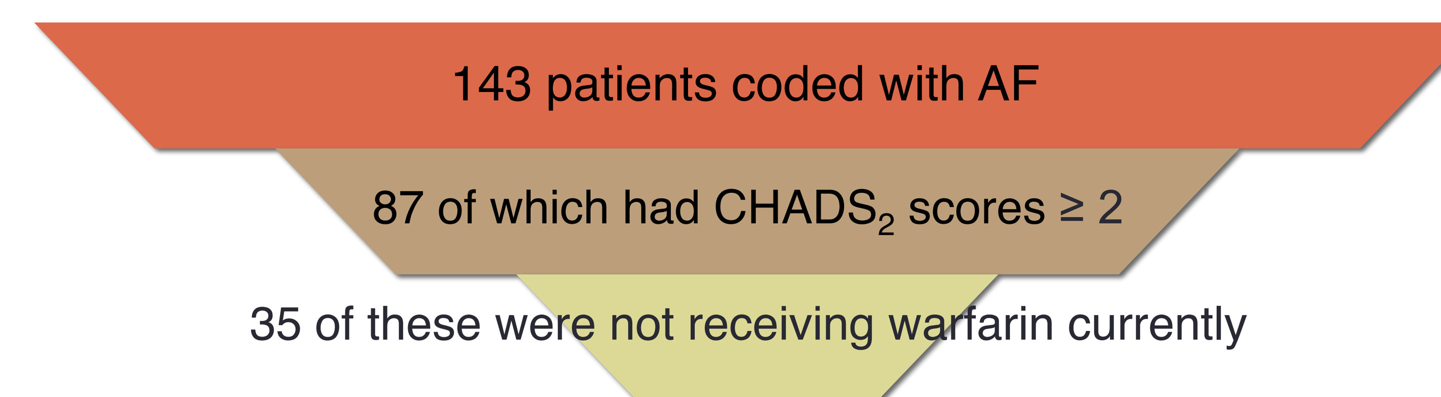
Audit Standard: 100% of patients with Atrial fibrillation who have a $CHADS_2$ score ≥2 should receive optimal anticoagulation therapy.

Methods

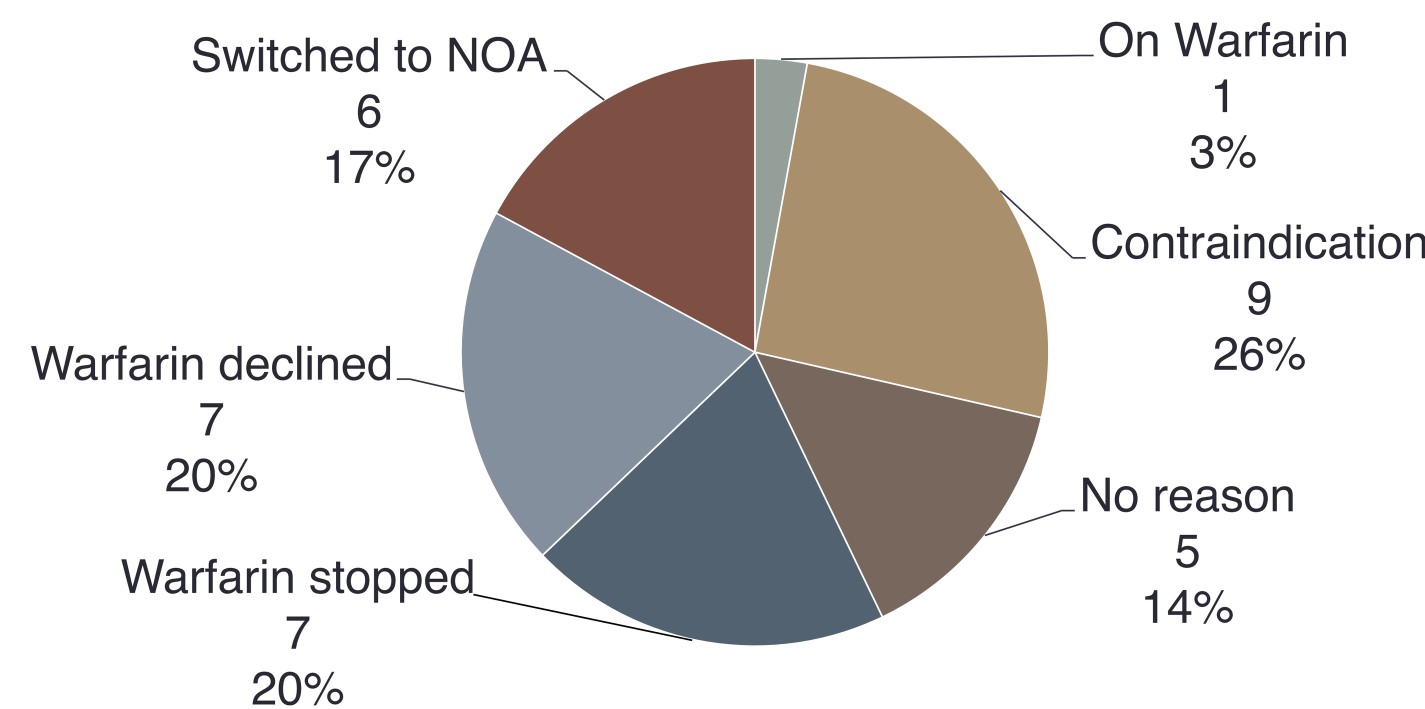
- Searches were made on the practice's Egton Medical Information Systems (EMIS) software.
- The search included all patients who were coded to have atrial fibrillation, who had $CHADS_2$ scores ≥2 and were not receiving current warfarin therapy.
- All of these patients were then investigated further to determine whether or not there was a clear reason as to why they were not receiving warfarin.
- Patients details were assimilated and inputted on a spread sheet for data analysis.

Results

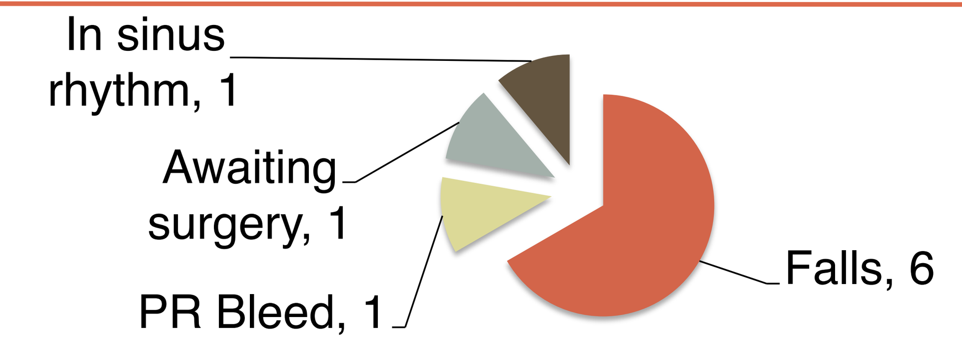
Practice searches found:



Reasons for patients not receiving Warfarin:



Reasons for contraindication:



Reasons for stopping Warfarin:

Reasons for switch to NOA:

Reasons included:

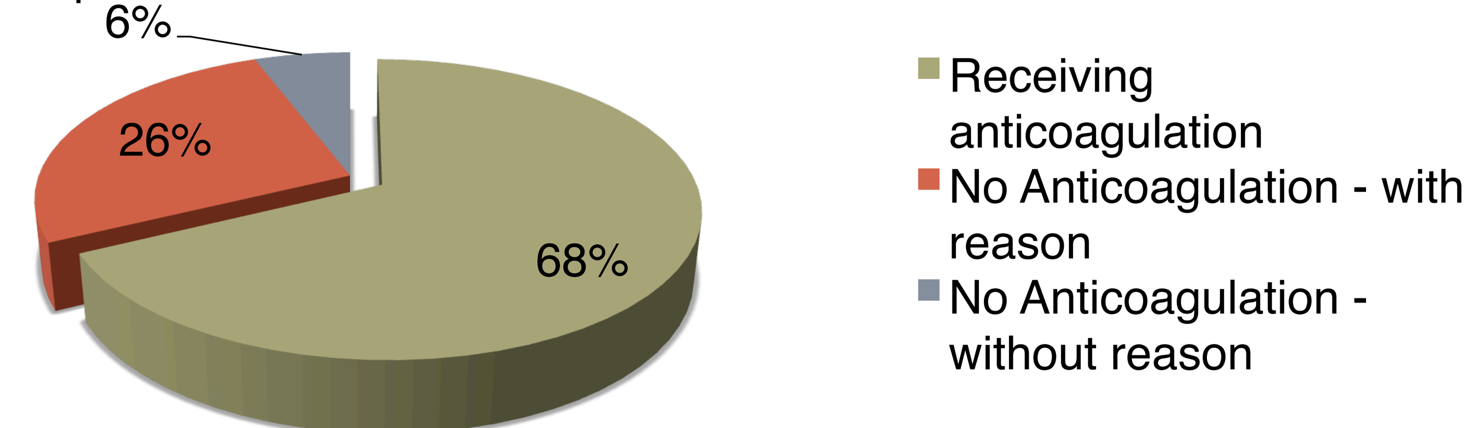
- Difficulty with monitoring
- Side effects of warfarin
- Compliance with warfarin regimen

Reasons for declining Warfarin:

Generally due to patients feeling that they did not want to take any more medications.

Discussion

- In general prescribing for anticoagulation in this practice was good.
- **52** (**60%**) patients with Atrial fibrillation who have a $CHADS_2$ scores ≥2 were receiving **warfarin** therapy from this practice.
- Of those not:
  1 patient receiving warfarin from a different practice
  6 patients on NOA



- It was also noted that many patients audited were being prescribed aspirin for stroke prevention, which is not recommended by NICE.[1]
- Studies show that Warfarin is superior to aspirin for stroke prevention, but despite this GPs continue to prescribe aspirin for this indication.[4,5]
- Therefore in addition to identifying new patients with AF who are at risk of stroke, GPs should also identify those who are currently being inappropriately treated with Aspirin.

Recommendations

1. **The details of the 5 patients who had no clear reason as to why they were not receiving anticoagulation were fed back to the practice, to allow clinical decisions to take place.**
2. **Patients should be risk stratified according to the CHA_2DS_2-VASc score as opposed to the $CHADS_2$ score, and GP software should be updated promptly to tie in with new NICE recommendations.[1,6]**
3. **Patients' $CHADS_2$/CHA_2DS_2-VASc scores should be updated regularly, particularly when they reach 75.**
4. **Patients who have previously declined warfarin should be spoken to again after next medication review.**
5. **Patients with AF should not be prescribed aspirin for stroke prevention.[1]**

Conclusion

This audit identified a group of patients with AF not already on warfarin, representing a therapeutic target group to whom anticoagulation therapy should be offered. This subject is of particular relevance because it will be part of next year's Quality and Outcomes Framework (QOF) programme.

References

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