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ORIGINAL ARTICLE

Unnecessary overuse. Study of “inadvisable practices” for patients with atrial fibrillation ☆

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KEYWORDS

Atrial fibrillation;
Overuse;
Quality care

Abstract

Objective: To identify overuse (diagnostic, therapeutic and self-care practices that represent risks that outweigh the potential benefits) in patients with atrial fibrillation.

Method: The study was based on qualitative research techniques. Using the “Metaplan” technique, we identified and ordered potentially inappropriate, ineffective and inefficient practices. By means of a consensus conference, we then established a number of “inadvisable practice” measures (relatively common practices that should be eliminated based on the scientific evidence or clinical experience). Professionals from the specialties of cardiology, hematology, neurology, internal medicine, family medicine and nursing participated in the consensus.

Results: We developed a catalog of 19 “inadvisable practices” related to the diagnosis, treatment and care of anticoagulated patients that were inappropriate, had questionable effectiveness or were ineffective, as well as 13 beliefs or behaviors for anticoagulated patients that could result in injury or were useless or inefficient.

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Conclusion: The “inadvisable practices” approach helps identify practices that represent greater risks than benefits for patients. It seems appropriate to include algorithms in the clinical decision-making support systems that consider this information for the diagnosis, treatment and for home care. For this last case, recommendations have also been prepared that define specific contents for the healthcare education of these patients.

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PALABRAS CLAVE

Fibrilación auricular;
Sobreutilización
innecesaria;
Calidad asistencial

Sobreutilización innecesaria. Estudio de los «no hacer» en pacientes con fibrilación auricular

Resumen

Objetivo: Identificar la sobreutilización inadecuada (prácticas diagnósticas, terapéuticas o de autocuidados que suponen riesgos mayores que los beneficios potenciales) en pacientes con fibrilación auricular.

Método: Estudio basado en técnicas de investigación cualitativa. Mediante la técnica «Metaplan» se identificaron y ordenaron posibles prácticas inadecuadas, inefectivas o ineficientes. Después, mediante una conferencia de consenso se establecieron una serie de medidas de «no hacer» (prácticas relativamente frecuentes, que se aconseja erradicar en función de la evidencia científica o la experiencia clínica). Participaron profesionales de las especialidades de Cardiología, Hematología, Neurología, Medicina Interna, Medicina de Familia y Enfermería.

Resultados: Se ha elaborado un catálogo de 19 prácticas de «no hacer» relacionadas con el diagnóstico, el tratamiento o los cuidados del paciente anticoagulado, que resultan inadecuadas, de dudosa efectividad o inefectivas, y 13 creencias o conductas del paciente anticoagulado que pueden ocasionarle daño, son inútiles o ineficientes.

Conclusión: El enfoque «no hacer» contribuye a identificar prácticas que suponen más riesgos que beneficios para los pacientes. Parece sensato incluir algoritmos en los sistemas de apoyo a la toma de decisiones clínicas que tengan en cuenta esta información para el diagnóstico, el tratamiento o los cuidados en el hogar. En este último caso, además, se formulan recomendaciones que pueden definir contenidos concretos sobre los que incidir en la educación sanitaria de estos pacientes.

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Background

Since 2007 when The National Institute for Health and Care Excellence (NICE) presented a series of recommendations on relatively common but inappropriate clinical practices,¹ the “Less is More Medicine” movement has grown in all countries in the hands of scientific societies, professional schools and institutions and healthcare administrations, as a response to “inappropriate overuse”.² The project “Do No Harm”³ in Colorado (USA), “Slow Medicine”⁴ in Italy, “Choosing Wisely”⁵ in Canada and the USA and “Smarter Medicine”⁶ in Switzerland are examples of this commitment to better healthcare, which attempt to eradicate inefficient or harmful practice for patients, known as inappropriate overuse.

In 2013, the Spanish Society of Internal Medicine and the Ministry of Health, Social Services and Equality launched the project “Commitment to the Quality of Scientific Societies” (“Compromiso por la calidad de las Sociedades Científicas”)⁷ in Spain, to which 39 of these scientific societies

have joined, with the aim of decreasing the interventions that have not shown efficacy, have little or questionable effectiveness or are not cost-effective.

The healthcare staff has been the priority objective of these recommendations. In 2010, the Advancing Medical Professionalism to Improve Health Care (ABIM) foundation in the USA lead the campaign “Choosing Wisely”, focused on the appropriate use of therapeutic resources, directed to both clinicians and patients.

In the specific case of atrial fibrillation (AF), “do not do” recommendations have not been developed, either for practitioners of both healthcare levels (primary care and specialized) or for patients.

AF is the most common arrhythmia in Western countries and the leading cause for thromboembolic events.⁸ The prevalence of AF is high and is similar for both sexes, reaching 4.4% in individuals older than 40 years. The rate gradually increases after 60 years of age.⁹ The diagnosis of AF requires an assessment of the thromboembolic risk for a correct indication of the anticoagulant therapy.¹⁰ The high

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