



ORIGINAL ARTICLE

Assessment of anticoagulation treatments in non-valvular atrial fibrillation patients diagnosed in a basic health area[☆]



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KEYWORDS

Atrial fibrillation;
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Abstract

Introduction: Atrial fibrillation (AF) is the most common cardiac arrhythmia. To assess the need for anticoagulation is essential for its management. Our objective was to investigate whether the indication of anticoagulation was adequate in patients diagnosed with non-valvular AF, given the CHA2-DS2-VASc scale, measuring the International Normalized Ratio range (INR) in patients treated with anti-vitamin K drugs.

Methods: This is an observational and cross sectional study. 232 patients with atrial fibrillation were included. We analysed demographic, the CHA2-DS2-VASc and HAS-BLED variables, the treatment and INR values for 6 consecutive months. The confrontation of variables was performed using chi-square and Mantel-Haenzel test.

Results: The prevalence of AF was 1.05%. The 88.4% had CHA2-DS2-VASc ≥ 2 . The 71.1% were taking anticoagulants, of which 58.2% were under antivitamin K. The 46.7% of patients taking antivitamin K, presented inadequate range of INR. There was a greater prescription of antivitamin K in patients with persistent or permanent AF compared to the paroxysmal form (62.8 vs. 37.2% $p < 0.001$). The use of drugs that increase bleeding was associated with a worse control of INR after adjustment for the main variables of clinical relevance (odds ratio 2.17 [1.02–4.59], $p = 0.043$).

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Conclusions: The level of anticoagulation with antivitamin K was inadequate in our sample, despite a proper follow up and adherence to treatment. Patients with paroxysmal AF received less antivitamin K than those with persistent/permanent AF.

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PALABRAS CLAVE

Fibrilación auricular;
Anticoagulantes;
Trombosis;
Hemorragia

Valoración del tratamiento anticoagulante en pacientes diagnosticados de fibrilación auricular no valvular en una zona básica de salud

Resumen

Introducción: La fibrilación auricular (FA) es la arritmia cardiaca más frecuente. En su manejo, es clave valorar la necesidad de anticoagulación. Nuestro objetivo fue valorar en pacientes diagnosticados de FA no valvular si la indicación de anticoagulación es adecuada en función de la escala CHA₂DS₂-VASc y la adecuación del rango del International Normalized Ratio (INR) en los pacientes en tratamiento con antivitamina K.

Métodos: Estudio observacional, analítico transversal. Se seleccionaron 232 pacientes con diagnóstico de FA no valvular. Se han analizado variables demográficas, variables de la escala CHA₂DS₂-VASc, tratamiento prescrito y valores de INR durante 6 meses consecutivos. La comparación de variables se realizó con ji cuadrado y la tendencia lineal entre grupos por Mantel Haenzel, siendo calculadas las odds ratios.

Resultados: La prevalencia total de FA no valvular en el área fue 1,05%. El 88,4% presentó un CHA₂DS₂-VASc ≥ 2 . Un 71,1% de pacientes con fibrilación auricular estaban anticoagulados, de los que el 58,2% tomaban fármacos antivitamina K. El 46,7% de los pacientes en tratamiento con acenocumarol presentó un INR con un tiempo en rango terapéutico directo insuficiente. La prescripción de antivitamina K en los pacientes con FA permanente fue superior que en pacientes con FA paroxística (62,8 vs. 37,2%, $p < 0,001$). El consumo de fármacos que aumentan el sangrado se asoció a un peor control de INR (tras ajuste por las principales variables de relevancia clínica (odds ratio 2,17 [1,02-4,59], $p = 0,043$).

Conclusiones: El control de la anticoagulación oral con antivitamina K fue subóptimo pese a la adecuada adherencia de los pacientes. Los pacientes con FA paroxística recibieron menos antivitamina-K que los de FA persistente/permanente.

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Introduction

Atrial fibrillation (AF) is the most common cardiac arrhythmia. It affects 1–2% of the population^{1,2} and 8.5% of the Spanish population over the age of 60.³ It is characterised by chaotic (disorganised and rapid) electrical activity within the atria, which causes a decreased blood flow rate to certain parts of the atria, mainly the left atrial appendage, which promotes coagulation and intra-atrial thrombus formation. Its association with thromboembolic events, therefore, is clear.⁴ Moreover, the natural course of the disease^{5,6} results in atrial remodelling, perpetuating AF over time.⁷

Numerous independent risk factors for the development of AF have been identified,⁸ with the most characteristic being age and hypertension in population-based samples.⁹ In addition, AF not only has a higher risk of mortality compared to patients in sinus rhythm,⁹ but also a higher risk of thromboembolic events,^{10–13} with the most common being cardioembolic stroke, which has the highest rate of

recurrence and a lower survival rate.^{14,15} The risk of stroke and other thromboembolic episodes is not homogeneous and depends on certain clinical conditions that have been grouped into different risk stratification models. Of these models, the CHA₂DS₂-VASc scoring system is the most appropriate for identifying non-valvular AF patients with a truly low risk of stroke (CHA₂DS₂-VASc = 0), recommended in anticoagulation guidelines,^{16–19} and also for identifying patients with a high risk of stroke and thromboembolic complications (CHA₂DS₂-VASc ≥ 2).¹⁹

However, the HAS-BLED scoring system is recommended for estimating risk of bleeding, with a score of ≥ 3 indicating exhaustive correction of reversible risk factors for bleeding, and for performing regular, closer follow-up of these patients.³

Despite the importance of assessing the risk of thromboembolism in patients with AF, very few primary care studies have been conducted in relation to this risk^{3,10,19–21} and the level of anticoagulation control required based on the International Normalised Ratio (INR).

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