

Physician preferences in prescribing oral anticoagulation therapy in elderly non-valvular atrial fibrillation patients with comorbidities: A clinical vignette study

Authors: Janine van Til¹, Sanne Warta¹, Georgios Spentzouris², Mathias Lamparter², Karin Oudshoorn¹, Clemens von Birgelen^{1,3}
¹Department of Health Technology and Services Research, The University of Twente; ²Daiichi Sankyo Europe GmbH; ³Medisch Spectrum Twente

Background

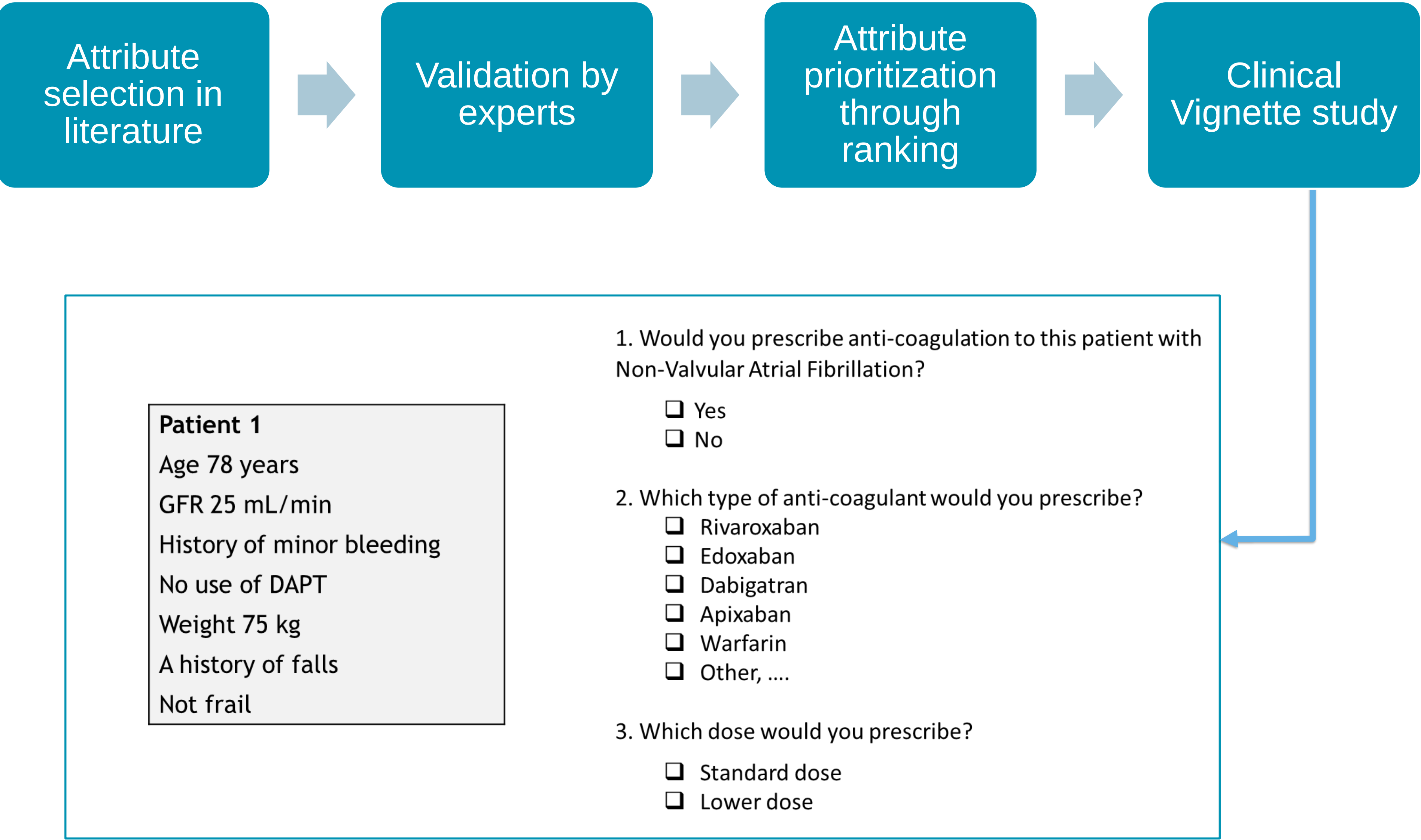
Non-valvular atrial fibrillation (AF) is associated with an increased risk of ischemic stroke. Oral anticoagulation therapy (OAC) is used to prevent thromboembolism in patients with AF. Decisions on whether to prescribe oral anticoagulants, which type to prescribe and at which dose might be complex in older patients with atrial fibrillation due to their often complex risk profiles. Underuse and underdosing have been previously identified in older patients with AF.

Aim

The aim of this study is to determine whether and how patients risk profile impacts cardiologists' decision to prescribe anticoagulants in older patients with AF.

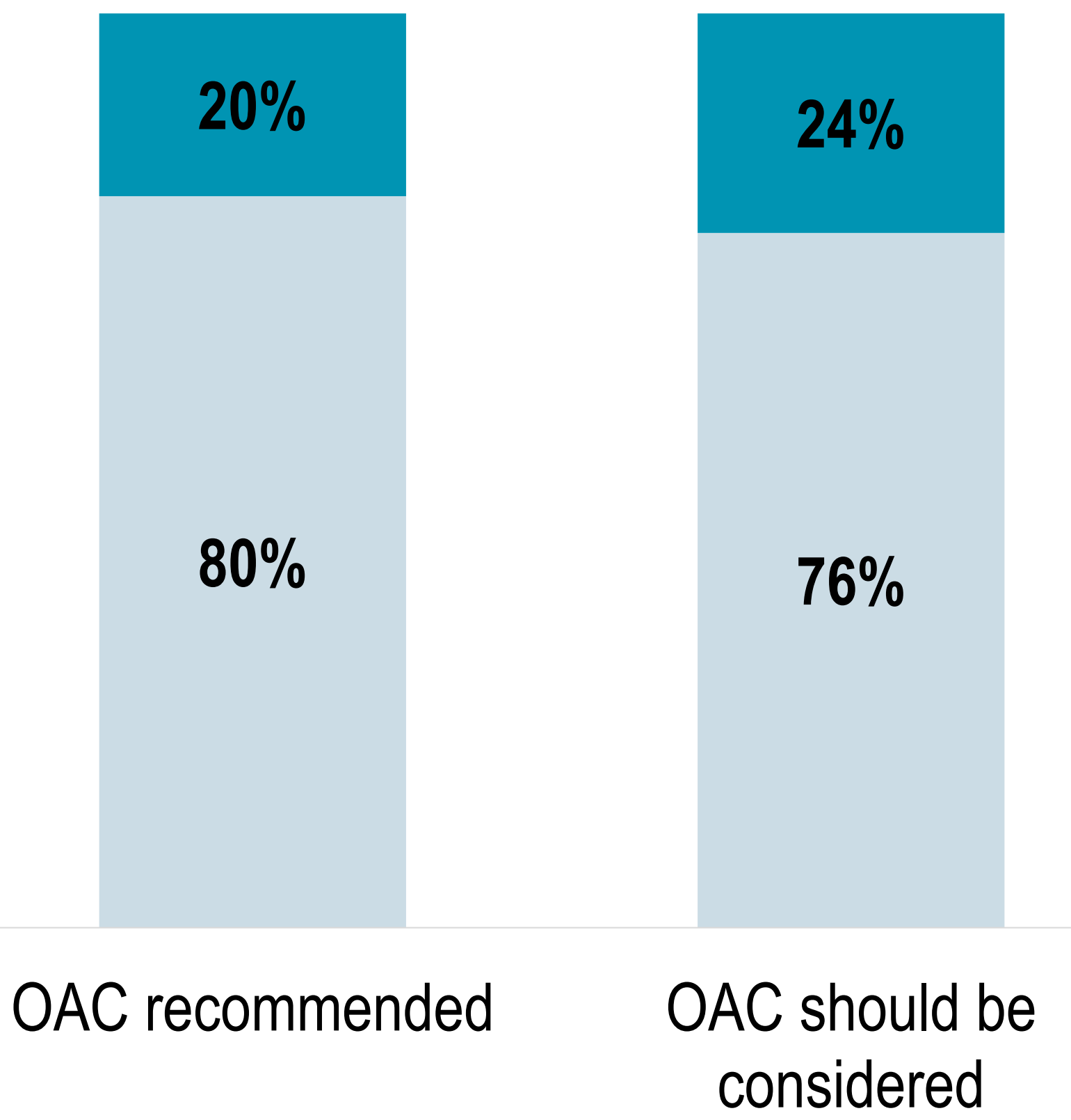
Methods

Study population: 120 cardiologists from the United Kingdom, Italy and Germany.



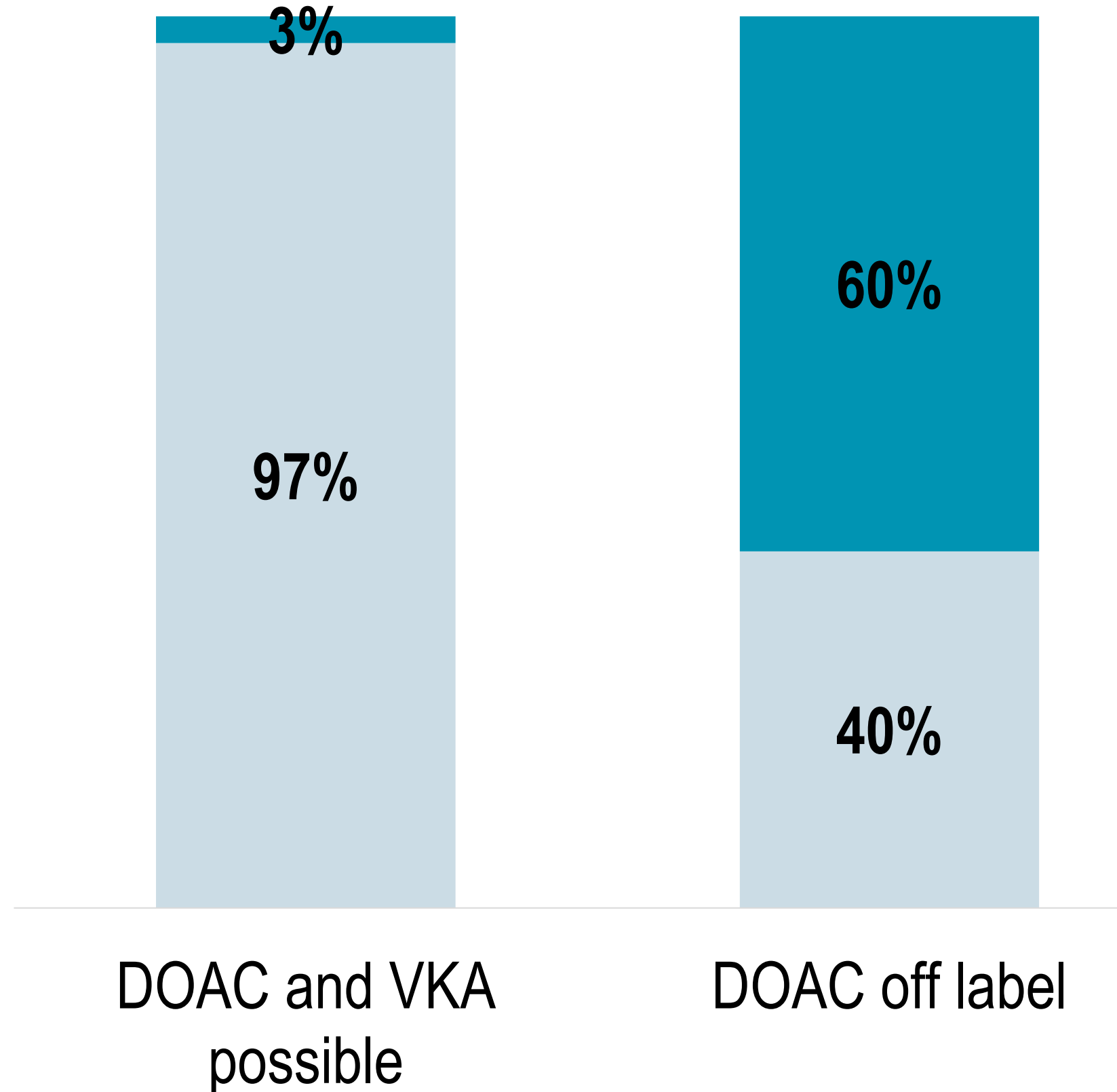
Prescription

■ OAC prescribed ■ No OAC prescribed



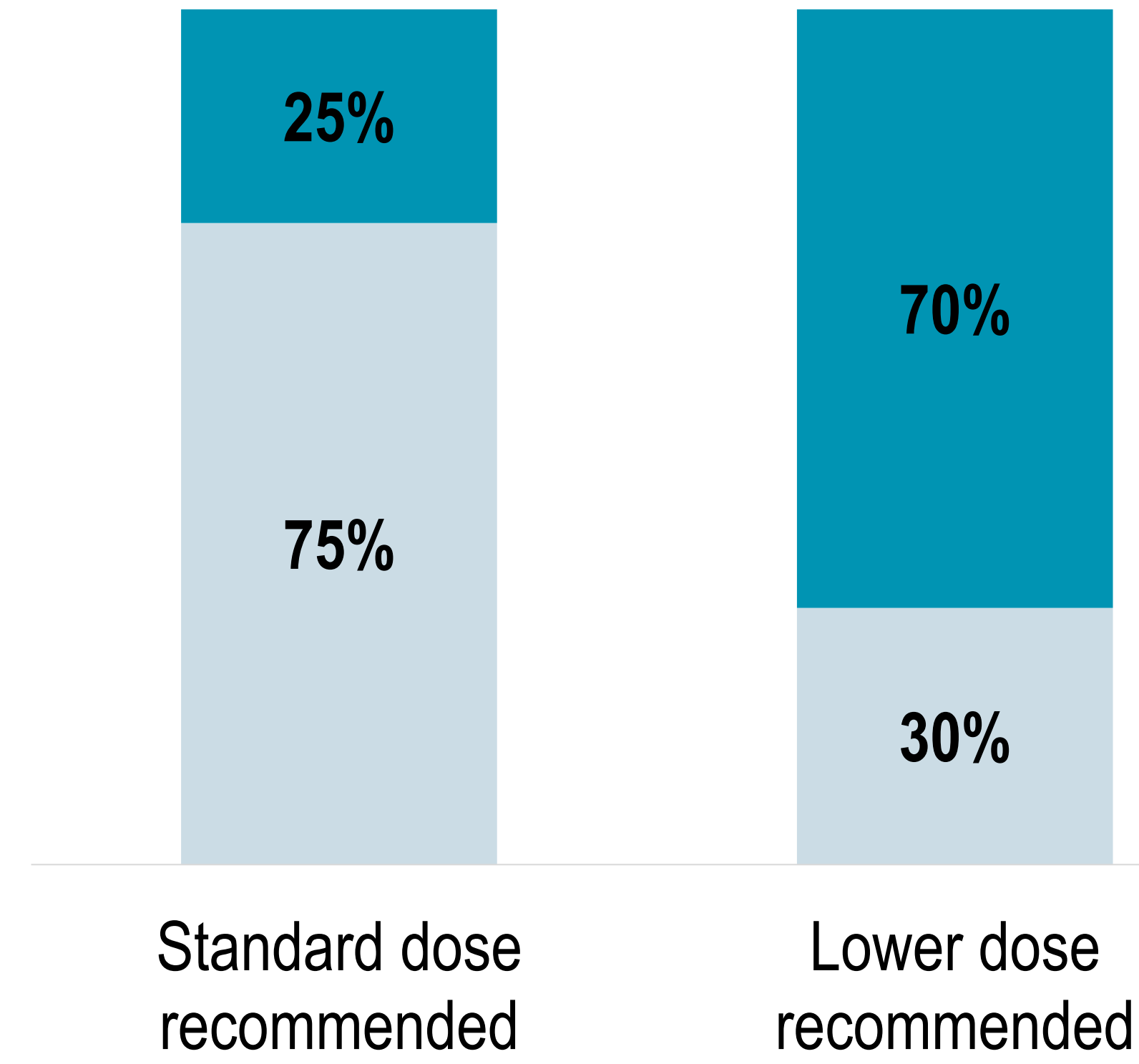
Type of OAC

■ DOAC prescribed ■ VKA prescribed



Dosing

■ Lower dose prescribed
■ Standard dose prescribed



Discussion

- There is practice variation among cardiologists in prescribing OAC in older patients with AF.
- In this study, underuse and under- and overdosing of OAC were identified.
- In line with guidelines, renal function and age were found to influence dosing of OAC.
- In contract to guidelines, the result of this study indicate that age, renal function, DAPT, history of falls and history of bleeding lower the odds that a patient is prescribed OAC, and use of DAPT, history of falls and history of bleeding lower the odds that a patient receives the correct dose.
- In conclusion, older patients with a complex profile are at higher risk of receiving either no OAC or a non-recommended dose of OAC.
- We hypothesize this might be influenced by different dosing reduction criteria for the different DOAC.

Contact information

j.a.vantil@utwente.nl
s.warta@utwente.nl

