



El grup de recerca Ebrictus va presentar el treball 'The more undiagnosed atrial fibrillation, the fewer effectiveness in oral anticoagulation treatment with VKA` com oral presentation al 8th Annual Scientific Meeting of the European Primary Care Cardiovascular Society (EPCCS) i ha estat premiat amb l'EPCCS Best overall Presenter Award 2015. Fou **presentat per la doctora Gina Procida Cervera, resident Medicina Familiar i Comunitària**. Aporta alternatives de millora qualitativa als tractaments amb anticoagulants orals. Felicitats a tots els membres del Grup de Recerca *Ebrictus*.

The EPCCS Annual Scientific Meeting és una estimulant oportunitat pels *GPs* europeus de compartir i actualitzar Cardiovascular Medicina. El proper any es farà a Barcelona.

Title *The more undiagnosed atrial fibrillation, the fewer effectiveness in oral anticoagulation treatment with VKA.*

Authors & Affiliations

Anna Panisello-Tafalla MD, Josep Lluís Clua-Espuny MD PhD, Gina Procida Cervera MD, Antonia González-Henares MD, M^a LL Queralt-Tomas, Rosa Ripolles-Vicente MD, Carlos López-Pablo MD PhD, Jorgina Lucas-Noll MD, Teresa Forcadell Arenas MD, Dolores Montesinos Gómez MD On Behalf of AFABE Group Investigators.

Rationale

Despite national guidelines that recommend oral anticoagulation for stroke prevention, the literature consistently reports its underuse in AF patients with moderate to high stroke risk and there is a general lack of quality measurement of warfarin use in primary care with the Percent Time in Therapeutic INR range.

Methods & Results

Multicentre and cross-sectional study of undiagnosed vs registered atrial fibrillation among out-of-hospital patients over 60-year-old. *Main outcome measures*: CHADS₂/CHA₂DS₂-VASc, HAS-BLED scores, cardiovascular comorbidity, pharmacological information, TTR, SAME-TT2R2 scores and FA incidence/1000/year stroke.

The expected AF prevalence was 10.9% (n 5267), but the registered prevalence was 7.5% (n 3638). The overall average percentage without OAC treatment was 31.0% (CI95%, 29.7-32.3) in spite of 95.6% had CHA₂DS₂VASc_c≥2 score; using OAC anti-vitK with TTR >60%, 67.03% (CI95%, 65.2-68.8); 47.6% (CI95%, 45.7-49.48) score ≥3 at HAS-BLED. At the present our effectiveness could be that just 35.04% (CI95% 33.7-36.3) patients AF treated with vitamin K antagonist achieved the goal of TTR>60%.The percentage of undiagnosed AF rises with age; and the

older the patient, the higher the risk of TTR <60%. FA incidence was 9.1 (CI95%, 8.2–10.0)

Conclusion

Our main conclusion, unlike other studies, is not much the relative underuse of the VKA treatment in high risk AF patients but the low efficiency resulting from the association between its underuse and undiagnosed AF.

Clinical Relevance

We should consider NOACs an interesting option in treatment of approximately 30% AF patients using OAC anti-vitK. This management decision is often complex and involves taking into account contraindications, financial constraints, patient preferences, and cost-benefit analyses. NOACs are more likely to be cost-effective options in settings with poor warfarin management than in settings with better anticoagulation control, where they may not represent good value for money.

