Anticoagulation for stroke prevention in primary care: challenges and opportunities

Dr Jo Gibson, PhD, RGN

Reader in Health Services Research

School of Nursing

University of Central Lancashire, UK

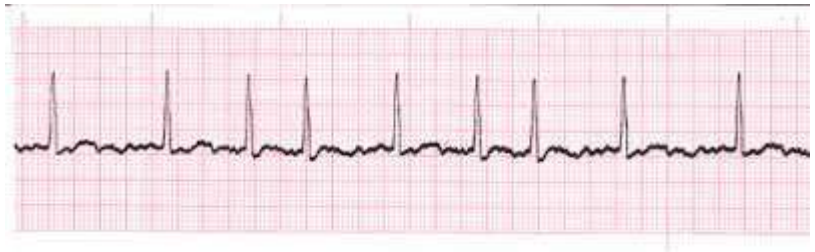
Overview of talk

- Challenges in current AF management

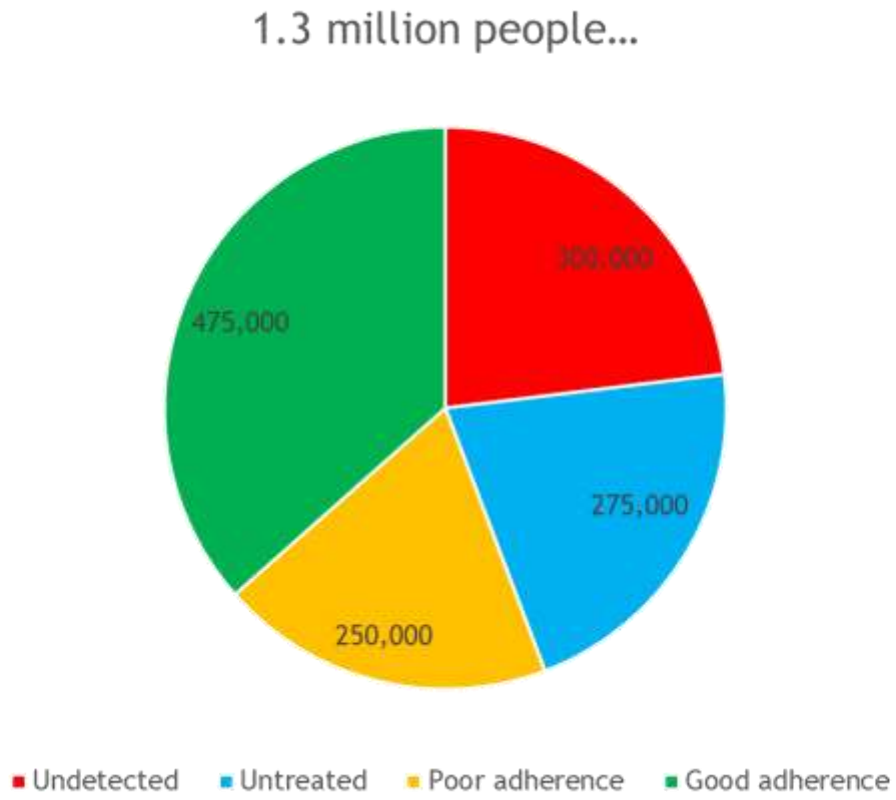
- Opportunity 1: DOACs
- Opportunity 2: Shift to primary care
- Opportunity 3: Patient self-management

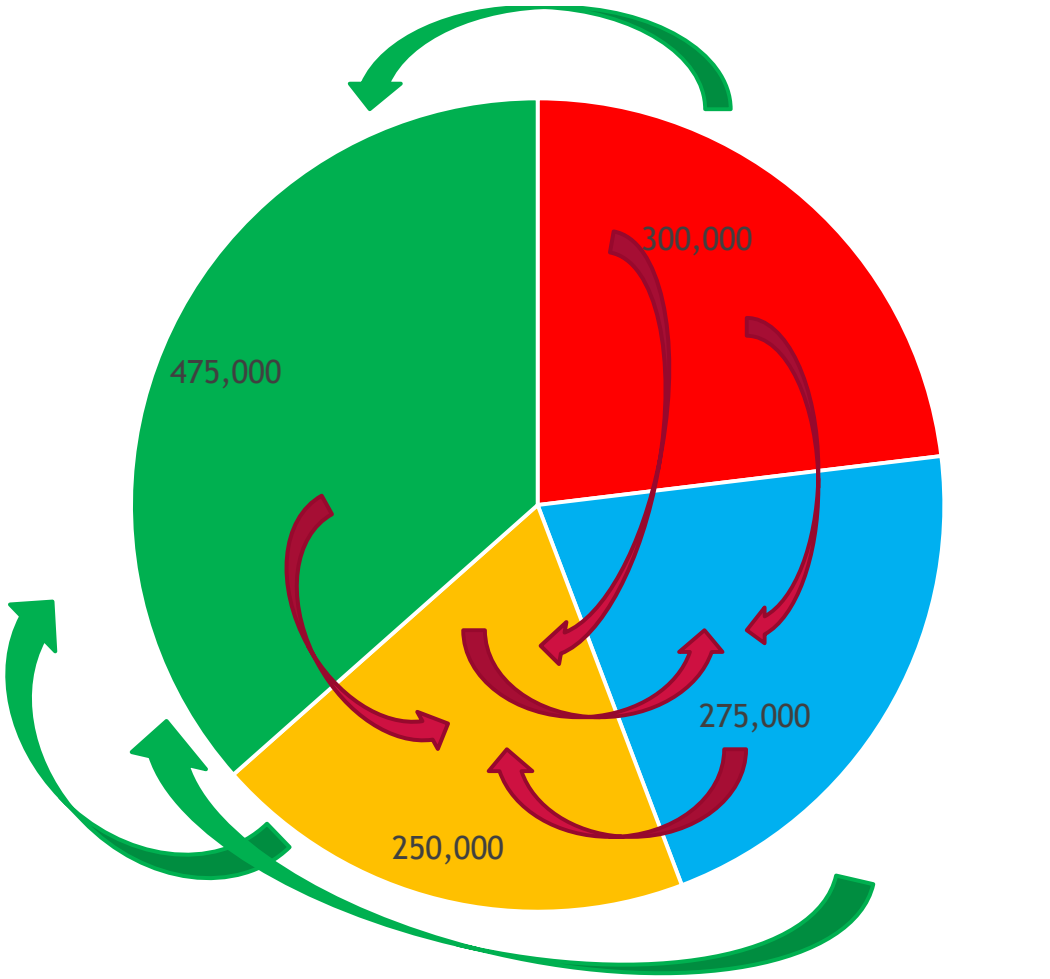
Atrial fibrillation

- Increases risk of stroke 4-5 fold
- About 20% of people presenting to hospital with stroke have AF
- Affects around 1.3 million people in England



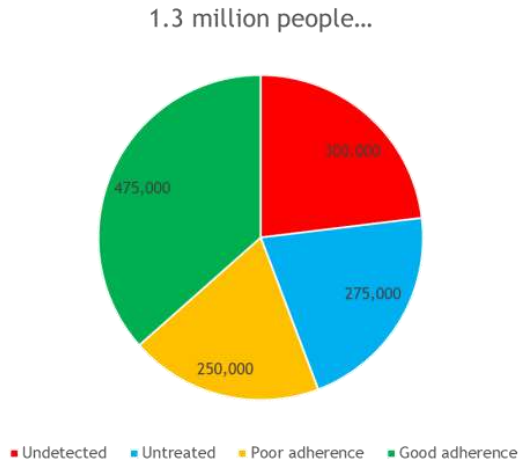
Challenges in AF management…




300,000
475,000
275,000
250,000
Undetected
Untreated
Poor adherence
Good adherence

What is needed to address these challenges?

- Undetected: screening programmes?
- Untreated: flag up; evaluation of risks and benefits of starting treatment; choice of agent and dose?
- Poor adherence: short and long term support?



Opportunities in AF practice

- Introduction of direct oral anticoagulants (DOACs)
- Transfer of clinical responsibility for anticoagulation management from secondary to primary care.
- Patient self-management, including self-monitoring of anticoagulation using home testing.

Implementation challenges (1) - DOACs

- Simpler fixed dosing
- Eliminates requirement for frequent dose variation
- No need for frequent blood tests to check coagulation.
- Needs careful consideration of the choice of agent
- Patient-informed shared decision-making
- Measures to promote persistence and adherence (short half-life)
- Long-term monitoring of renal function still needed.

DOACs – uptake, persistence and adherence?

- Non-adherence to DOACs is ~50% if no special measures are taken (Garkina et al 2016)

- 33-41% of DOAC prescriptions are discontinued altogether within 1 year (Banerjee et al 2016).

Garkina et al (2016) J Geriatr Cardiol. 2016 Sep; 13(9): 807–810.

Banerjee A et al (2016). European Heart Journal (2016) 37 (suppl), 233

Implementation challenges (2) - Transfer of services from secondary to primary care

- In line with the DoH strategy for cardiovascular care.
- May be more convenient for patients

- Inconsistently implemented
- May have poorer outcomes for older patients in particular (Abohelaika, 2016).
- Patients may prefer and derive confidence from long-term management in specialist anticoagulation clinics (even on DOACs). (Bartoli-Abdou, 2018)
- Multiple challenges for primary care staff, notably nurses (Weitzel, in preparation)

Abohelaika et al 2016. Br J Clin Pharmacol. Oct;82(4):1076-83.

Bartoli-Abdou et al 2018. Thrombosis Research, Vol 162, pp 62-68

Implementation challenges (3) - Patient self-management

- Including self-monitoring of anticoagulation using home testing
- Systematic review: appears to be safe and cost-effective (Sharma, 2015).
- Real-world implementation
- Differential uptake and efficacy/safety with different patients?
- Ongoing evaluation by UCLan with East Lancashire.

Sharma et al(2015) BMJ Open 5:e007758. doi: 10.1136/bmjopen-2015-007758

Summary

- Multiple challenges in developing and delivering systems for anticoagulation in stroke prevention
- “Detect – Protect – Perfect”
- Need to explore and develop ways of improving uptake, shared decision making and long-term adherence/persistence in anticoagulation in AF

Thank you!

Email: jgibson4@uclan.ac.uk

Twitter: @jogibsonuclan

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