



Atakanova A.N.², Kadyraliev J.K.¹, Erlich A.D.¹

ANALYSIS OF THE FREQUENCY OF USING VARIOUS ANTICOAGULANTS IN PATIENTS WITH ATRIAL FIBRILLATION IN REAL PRACTICE

¹City clinical hospital No. 29 of A.D. Bauman

²Pirogov Russian National Research Medical University, Moscow, Russia

SUMMARY

This article makes a retrospective analysis of the prevalence of the use of oral anticoagulants in patients with atrial fibrillation at the outpatient level. The frequency of the sex-age structure of patients with AF, the risk of thromboembolic complications, the risk of bleeding, and the appointment of various groups of anticoagulants after hospitalization are investigated. A retrospective analysis of the data of patients with a history of AF and CHA2DS2-VASc ≥ 1 points hospitalized in the Moscow hospital for the next paroxysm of AF showed that slightly more than 2/3 of them in the pre-hospital

stage were taken by the oral anticoagulants (OAC) and about 1/2 by the (new oral anticoagulants) NOACs. The proportion of patients with the value of the scale CHA2DS2-VASc ≥ 4 was 49.3%, the proportion of patients with the HAS-BLED ≥ 3 scale was 17.9%. Among all OAC patients, 96 people (68.6%) were admitted prior to admission. Among the remaining 44 patients, 22 received an antiaggregant (aspirin, clopidogrel or a combination thereof), and 22 more did not take any antithrombotic drugs.

Key words: atrial fibrillation, analysis of the prevalence of the use, anticoagulants.

Information about authors:

Zholdoshbek K. Kadyraliev	MD, cardiologist, hospital № 29 named after N.E. Bauman, 111020, Russia, Moscow, Hospital Square, 2, joldosh.kadyr@gmail.com
Alexey D. Ehrlich	MD, head of the cardiac recovery unit, State Clinical Hospital No. 29 named after N.E. Bauman, 111020, Russia, Moscow, Hospital Square, 2, alexeyerlikh@gmail.com
Corresponding author: Aisuluu N. Atakanova	Clinical resident of the 1st year of the Pirogov Russian National Research Medical University, Ostrovitianov str., 1, Moscow, Russia, 117997, Aisuluu.atakanova@gmail.com

✉ Aisuluu.atakanova@gmail.com

For citation: Atakanova A.N., Kadyraliev J.K., Erlich A.D. Analysis of the frequency of using various anticoagulants in patients with atrial fibrillation in real practice. Eurasian heart journal. 2017, November 25; 4:112-113 [in Russian].

INTRODUCTION

Atrial fibrillation is the most common disorder of the heart rhythm. Its frequency in the general population is 1-2%. In Europe, atrial fibrillation (AF) affects more than 6 million people and against the background of aging of the population, its prevalence in the next 50 years will grow at least twice [1]. AF is associated with mortality increase, frequency of stroke and other thromboembolic complications, heart failure and hospitalizations, a deterioration in quality of life, reduced exercise tolerance and left ventricular dysfunction [2, 3]. It was shown that only antithrombotic therapy causes a decrease in mortality associated with AF [4]. Modern guidelines for the treatment of AF indicate the mandatory use of oral anticoagulants (OAC) in all patients with an increased risk of thromboembolism on a scale CHA2DS2-VASc. However, in actual clinical practice, OAC are not always prescribed, and information

on the frequency of use of OAC in AF is rather fragmented, non-systemic and contradictory.

The purpose of this analysis was to assess the frequency of use of various OAC in actual practice in patients with AF hospitalized in a Moscow hospital.

MATERIAL AND METHODS

The analysis was carried out on the basis of a retrospective analysis of medical history of patients with AF in anamnesis hospitalized in the State Clinical Hospital No. 29, named after N.E. Bauman of Moscow, because of the another paroxysm of the AF in January-March 2017. During the analysis, data was collected about OAC, which patients took before hospitalization, that is, data that would show the prevalence of the administration of OAC in actual clinical practice.

RESULTS

The analysis included data of 140 patients with AF history and value of the scale CHA₂DS₂-VASc ≥ 1 . The average age in the group was 71.3 ± 9.3 years old (the minimum - 44, maximum - 89 y.o.), the average value of the scale CHA₂DS₂-VASc - 3.6 ± 1.3 , the average value of the scale HAS-BLED - 2.0 ± 0.7 . The group had 99 (70,7%) women (Fig. 1).

The proportion of patients with the value of the scale CHA₂DS₂-BACc ≥ 4 was 49.3%, the proportion of patients with the HAS-BLED scale value ≥ 3 - 17.9%. Among all patients, OAC before hospitalization were taken by 96 people (68.6%). Among the remaining 44 patients, 22 received antiaggregants (aspirin, clopidogrel or a combination thereof), and another 22 did not take any antithrombotic drugs (Fig. 2).

Among patients treated with OAC, 28 people (29,2%) were taking antagonist of vitamin K (AVK), 32 (33,3%) - rivaroxaban, 28 (29,2%) - dabigatran, 7 (7,3%) - apixaban (Fig. 3).

Only 7 (25%) of the 28 people that were taking the antagonist of vitamin K (warfarin) had target INR values (2.0-3.0) at the time of admission.

In total, new oral anticoagulants (rivaroxaban, apixaban, dabigatran) received 67 (47.9%) patients in the study group. Patients taking or not taking any OAC and "new" OAC did not significantly differ in age, CHA₂DS₂-VASc and HAS-BLED scales, creatinine clearance, and the symptoms of presence coronary heart disease. Among the entire group of analyzed patients, 21 (15%) had GFR less than 50 ml/min. Among the patients receiving the "new" OAC, there were significantly more women compared to those who did not take the "new" OAC: 79,1% vs. 63,0% (HR 1.255, 95% CI 1.013-1.556, $p=0.035$). At discharge from the hospital, the OAC was assigned to 96.4%, and the "new" OAC - to 80,7% of patients.

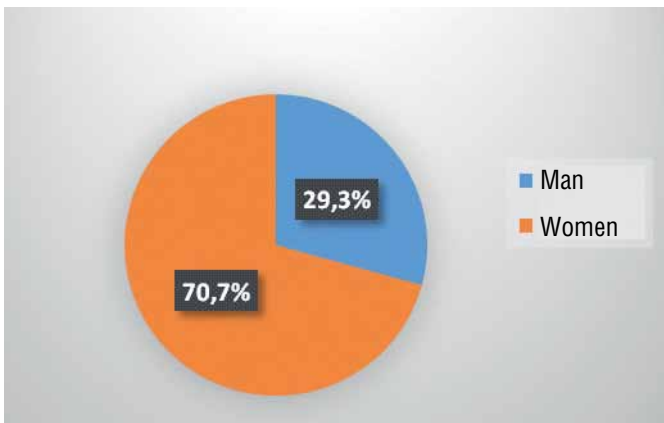


Figure 1. Patient distribution by sex, %

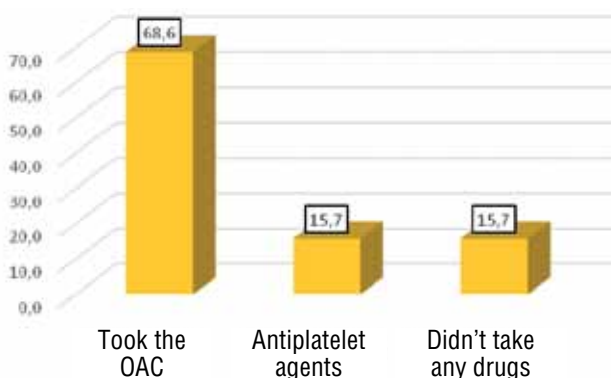


Figure 2. Frequency of use of antithrombotic drugs in the outpatient stage, %

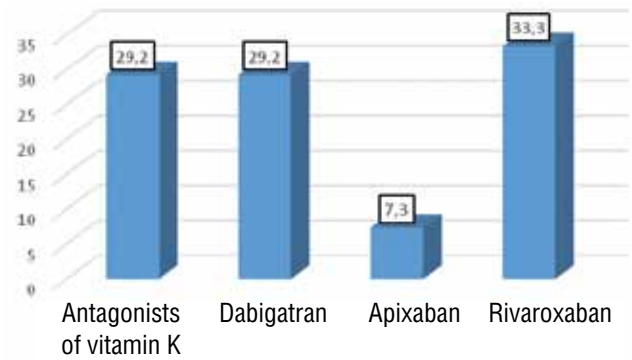


Figure 3. Frequency of use of various oral anticoagulants at the outpatient stage, %

CONCLUSION

A retrospective analysis of the data of patients with a history of AF and CHA₂DS₂-VASc ≥ 1 , hospitalized in the Moscow hospital for paroxysm of AF showed, that a little more than 2/3 of them in the pre-hospital stage were taken OAC, and about 1/2 - "new" OAC. Frequency of apixaban use was more rare to compare to other OAC. In general, in patients with AF, we can talk about insufficient adherence to anticoagulant therapy, perhaps because of it's low prescribing, price accessibility, and low level of patient's awareness of complications of AF.

BIBLIOGRAPHY

1. Skanes A.C., Healey J.S., Cairns J.A. et al. Canadian Cardiovascular Society Atrial Fibrillation Guidelines Committee. Focused 2012 Update of the Canadian Cardiovascular Society Atrial fibrillation Guidelines: recommendations for stroke prevention and rate/rhythm control. *Can J Cardiol* 2012;28:125-136.
2. Healey J.S., Connolly S.J., Gold M. Ret al. Subclinical atrial fibrillation and the risk of stroke. *N Engl J Med* 2012;366:120-129.
3. Binici Z., Intzilakis T., Nielsen O.W. et al. Excessive supraventricular ectopic activity and increased risk of atrial fibrillation and stroke. *Circulation* 2010;121:1904-1911.
4. Fitzmaurice D.A., Hobbs F.D., Jowett S. et al. Screening vs. routine practice in detection of atrial fibrillation in patients aged 65 or over: cluster randomised controlled trial. *Br Med J* 2007;335:383.