



Do contraindications affect prescription of anticoagulants in patients with Atrial Fibrillation?

An analysis of primary care data in the UK

Background

- Atrial fibrillation (AF) is a sustained irregular heartbeat and is associated with increased risk of ischaemic stroke. This is because the atria of the heart do not contract properly, so clots form and pieces of clot may break off and travel to the brain.
- For this reason, anti-blood clotting medicines (anticoagulants) have been recommended by the *British Committee for Standards in Haematology* and by the National Institute for Health and Care Excellence (NICE) for patients with AF.
- However, some patients choose not to take anticoagulants, because they have contraindications such as a risk of bleeding from some other cause such as stomach ulcer.
- To date, no analysis has investigated the extent to which such contraindications influence anticoagulant prescribing in the UK.

Findings:

- This study investigated the relationship between contraindications and anticoagulant prescribing for AF in UK patients in primary care between 2004 and 2015
- A total of 166,136 patients with AF from 645 GP practices were included in the study.
- The proportions of patients with AF who were prescribed anticoagulants were similar between patients with and without contraindications.
- Patients with AF with contraindications are just as likely to be prescribed anticoagulants as those without contraindications.
- Alongside underuse of anticoagulants in patients with AF, there may be significant overtreatment of patients with contraindications. This is a concern for patient safety.

Reference

Adderley N, Ryan R, Marshall T. The role of Contraindications in Prescribing Anticoagulants to Patients with Atrial Fibrillation: A Cross-Sectional Analysis of Primary Care Data in the UK. *Br J Gen Pract.* 2017. [<https://goo.gl/e4GHCS>]



Recommendations for Practice

Further work is needed to determine whether outcomes are worse among contraindicated patients with AF who are treated with anticoagulants than among those who are not, and which patients with contraindications may still benefit from anticoagulant treatment

Qualitative research is needed in order to reveal the reasons why clinicians prescribe to patients with contraindications and why they do not prescribe to many patients without.

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