Rates of Oral Anticoagulation Use, While Improving Over Time, Remain Low Among Hospitalized Patients with Atrial Fibrillation

Introduction

• Oral anticoagulation (OAC) is the most common evidence-based treatment in the world.
• Rates of OAC use in patients with atrial fibrillation (AF) vary from 50% to 70% across different countries.
• Oral anticoagulation is recommended for patients with AF at low or intermediate risk for stroke.
• Oral anticoagulation reduces stroke risk by up to 65%.
• It has been previously shown that fewer than 50% of patients admitted to the hospital with a primary or secondary diagnosis of AF and stroke for stroke are discharged on OAC.
• Oral anticoagulation underuse is a public health concern, as it can have profound strokes causing death and disability, and it leads to increased hospitalization, OAC use, and OAC use vs. NOACs.

Methods

Rates of Oral Anticoagulation Use, While Improving Over Time, Remain Low Among Hospitalized Patients with Atrial Fibrillation

• Results

Warfarin or NOAC

NOAC

Aspirin Only

Figure 1: Geographic Distribution of Hospital Admissions for AF by Region within the Premier Healthcare Database

Figure 2: Temporal Trends in Percentage of Utilization of Oral Anticoagulants in Hospitalized Patients with AF

Figure 3: Percentage of Patients Treated with OAC by Hospital Characteristics

Figure 4: Trends in Antiplatlet Use in Combination with OAC

Figure 5: Percentage of Patients Treated with OAC by Hospital Characteristics

Figure 6: Trends in Antiplatlet Use in Combination with OAC

Results

Table: Baseline Patient Characteristics

<table>
<thead>
<tr>
<th>Age group</th>
<th>Patients with CHA2DS2-VASc ≥ 1</th>
<th>Patients with CHA2DS2-VASc = 0</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 40</td>
<td>17.9 (65.8%)</td>
<td>82.1 (14.2%)</td>
</tr>
<tr>
<td>40-64</td>
<td>58.0 (65.8%)</td>
<td>41.9 (14.2%)</td>
</tr>
<tr>
<td>65-74</td>
<td>60.1 (65.8%)</td>
<td>39.9 (14.2%)</td>
</tr>
<tr>
<td>≥ 75</td>
<td>61.8 (65.8%)</td>
<td>38.2 (14.2%)</td>
</tr>
</tbody>
</table>

Methods

• Patients were included if they had a primary (14% of included patients) or secondary (86% of included patients) admission diagnosis of AF, were aged 18 years or older, and were discharged with a primary or secondary diagnosis of AF and were discharged on OAC.
• Patients were classified as having AF only if they had a primary or secondary (18% of included patients) admission diagnosis of AF, were aged 18 years or older, and were discharged with a primary or secondary diagnosis of AF and were discharged on OAC.
• Rates of OAC use in patients with AF at low or intermediate risk for stroke were calculated for each quarter from Q1 2010 to Q4 2015.
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Conclusions

• The proportion of patients treated with OAC for stroke prevention increased by 5% per year from 2010 to 2015 in the U.S.
• No differences were found in the proportion of patients treated with OAC for stroke prevention by hospital characteristics across the U.S.
• Rates of OAC use for stroke prevention increased by 5% per year from 2010 to 2015 in the U.S.
• Patients were included if they had a primary (14% of included patients) or secondary (86% of included patients) admission diagnosis of AF, were aged 18 years or older, and were discharged with a primary or secondary diagnosis of AF and were discharged on OAC.
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