

STROKE PREVENTION IN ATRIAL FIBRILLATION IN GERMANY. SITUATIONAL ANALYSIS OF TREATMENT REALITY BASED ON RETROSPECTIVE DATA

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BACKGROUND

Guideline-based, risk-adjusted therapy with anticoagulants reduce thromboembolic stroke risk in patients with atrial fibrillation (AF).

METHOD

This study analyzed use of oral anticoagulation in German AF-patients. Access to anonymized patient records was made via IMS Health Disease Analyzer database (sample size: 113,619 patients with ICD-10 Code I48.-; observation period: 11/2010-10/2013). Results were subsequently extrapolated to all general practitioners' (GPs) and cardiological practices in Germany.

RESULTS

In 2011 12-month AF-prevalence was extrapolated to 2.1 million patients (first diagnosed: n = 537.548). In 2012 AF-prevalence gone up to 2.2 million cases (first diagnosed: n = 537.548) and in 2013 to 2.8 million (first diagnosed: n = 636.571). Commonly prescribed oral anticoagulants (OAC) were vitamin K antagonists (VKA). Unstable INR setting, private health insurance, hospital admission, heart failure or hypertension increased probability of change from VKA to non-vitamin K antagonist oral anticoagulants

(NOAC). 17.3-36.5% of patients with CHA2DS2-VASc-score ≥ 2 did not receive any thromboembolism prophylaxis; 38.5% with CHA2DS2-VASc-score = 0 received unnecessarily OACs. For 2013 a potential of 29.749 ischemic strokes in GP practices was calculated, which possibly can be avoided by thromboembolism prophylaxis according to guidelines.

CONCLUSIONS

Risk-based anticoagulation showed requirements for optimization. Use of OACs, according to guideline recommendations, would minimize bleeding risks, reduce ischemic strokes and could release resources.

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If you would like to read any of the studies in its entirety, please, contact us to obtain the full version of a publication. Also, our research director is at your disposal if you have any further questions.

Thank you for your interest!