

# Integrating multiple aspects of care for better management of atrial fibrillation: teamwork between physicians and patients

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Atrial fibrillation (AF) is a complex disease, and its management requires a holistic approach with active involvement both of physicians and patients.<sup>1</sup> Stroke risk assessment and implementation of optimal stroke prevention strategy that most commonly includes the use of oral anticoagulant (OAC) therapy, either with a non-vitamin K antagonist oral anticoagulant (NOAC) or a well-controlled vitamin K antagonist (VKA), is an essential step in the management of patients with AF.<sup>1,2</sup>

The overall use of OAC for stroke prevention in patients with AF has increased substantially in the last decade,<sup>3</sup> in parallel with intensified educational and advocacy efforts to increase the awareness and knowledge of physicians who manage patients with AF in daily clinical practice.<sup>4</sup> Owing to their more convenient use and better safety,<sup>5</sup> NOACs are increasingly used instead of VKAs, with some regional variations<sup>6</sup> that are driven by multiple factors.<sup>7</sup> In this issue of *Polish Heart Journal (Kardiologia Pol)*, Janion-Sadowska et al<sup>8</sup> reported the observation of large regional differences in the prescription patterns of OACs in Poland.

The study was conducted from January 2017 to June 2018 in 3 centers in Poland (a large university-based tertiary center and 2 local centers, each from a different city), including a total of 1525 patients with AF.<sup>8</sup> Notwithstanding differences among the centers, the overall use of NOACs was rather high (67.1%), but the study highlighted several patterns in the use of OACs (and NOACs) that have been consistently observed in multiple AF cohorts worldwide, including the preferential use of VKAs in patients with

permanent AF, valvular heart disease or heart failure, as well as a preference towards the use of apixaban or rivaroxaban rather than dabigatran in older patients with more comorbidities.<sup>6,9,10</sup>

Janion-Sadowska et al<sup>8</sup> highlighted an important issue of appropriate dose selection when NOACs are used for stroke prevention in patients with AF, thus pointing towards important knowledge gaps that need to be addressed. The observed use of lower or reduced doses of NOACs in 3 Polish centers was high (35.4%), and the lower or reduced doses of NOACs were more frequently used in older patients, women, and patients with underlying cardiovascular comorbidity. However, the appropriateness of NOAC dose selection in the 3 Polish centers could not be judged owing to the lack of data on patients' renal function. Of note, the inappropriate use of lower or reduced doses of NOACs for stroke prevention in AF in clinical practice has been associated with increased rates of ischemic stroke and no change in the major bleeding rates.<sup>11</sup>

Another equally important feature of the study of Janion-Sadowska et al<sup>8</sup> is the assessment of the knowledge of the disease and therapy among patients with AF in the 3 participating centers. Using the Jessa AF Knowledge Questionnaire (JAKQ), with 16 multiple-choice questions and only one correct answer, which has been previously developed and validated by a research group in Belgium,<sup>12</sup> Janion-Sadowska et al<sup>8</sup> identified the most prevalent patient knowledge gaps that need to be addressed, as well as the specific populations of patients with AF that should be prioritized when planning an educational strategy.

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Patients in this study correctly identified the reason they were prescribed OACs, as well as the importance of international normalized ratio measurement and fixed timing of a NOAC intake, but were less aware of the OAC-related complications, AF self-detection, relevance of AF-related symptoms with regards to the OAC use, the need for consulting their physicians before an invasive procedure or surgery, steps to be taken in case of a bleeding event, and others. The observed knowledge gaps were more evident in older patients, those with a recent onset of AF, multiple comorbidities and OAC-naïve patients. In addition, patients managed in the academic center with a dedicated anticoagulation clinic scored significantly better than those managed in local centers without anticoagulation clinic. All these findings are of key relevance for the concept of a targeted national and local education strategy addressing AF patients' awareness and knowledge of the disease in order to increase the adherence and persistence to OAC therapy on a long-term basis.

The informed shared treatment decision to use OAC in order to prevent stroke or systemic embolic event in a patient with AF is the first important step that provides a solid ground for the continuous efforts to further strengthen the likelihood of long-term adherence and persistence to OAC therapy in patients with AF using various strategies, and patient with AF is the key subject in this process. The most optimal strategy or strategies for patient education, behavioral and lifestyle changes, and motivation that could provide sustained effects over time are yet to be formulated; however, it would be helpful to include digital health tools (such as, for example, the physician and patient-oriented mFA mobile app [not released yet])<sup>13</sup> that with the use of a targeted strategy identify and address given AF cohort-specific knowledge gaps and unmet needs.

## ARTICLE INFORMATION

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