Supplementary material

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Topics addressed by the Jessa AF Knowledge Questionnaire.

- Q1.1 Atrial fibrillation (AF) is a condition when heart beats fast and irregularly.
- Q1.2 Symptoms are not always present during AF episodes.
- Q1.3 Patients can detect AF taking their pulse regularly.
- Q1.4 The most dangerous complication of AF is blood clot that may lead to stroke.
- Q1.5 Antiarrhythmic drugs cannot cure AF completely. The arrhythmia occurs with ageing despite taking drugs.
- Q1.6 It is not necessary to seek doctor's advice every time patient has AF episode.
- Q1.7 Overweight exacerbates AF.
- Q1.8 Anticoagulants are prescribed to patients with AF to prevent blood clotting in the heart and decrease the risk of stroke.
- Q2.1 Anticoagulant should be taken every day, irrespectively from symptoms.
- Q2.2 The most common complications while taking anticoagulants are spontaneous bleedings and longer bleeding times in case of injury.
- Q2.3 Paracetamol is the safest painkiller while taking anticoagulants.

- Q2.4 In case of frequent but minor nose bleeds patients should continue taking anticoagulant and contact his/her physician.
- Q2.5 Before planned surgery, patient should discuss anticoagulation with his/her physician.
- Q3.1 Patients taking vitamin K antagonist (VKA) should measure their blood thinning at least once a month.
- Q3.2 In case of VKA dose omitting, patient should take the forgotten pill immediately or with the next dose.
- Q3.3 International normalized ratio (INR) is a measure how thin blood is.
- Q4.1 Non-vitamin K antagonist oral anticoagulants (NOAC) should be taken at fixed hours.
- Q4.2 In case of NOAC dose omitting, the forgotten pill should be taken if the time to next dose is longer than time from missed dose.
- Q4.3 Patient should show his/her NOAC card to the general practitioner and specialists.

Definition of comorbidities

AF was defined as paroxysmal if AF episodes terminated spontaneously within 7 days, persistent AF lasting longer than 7 days or requiring cardioversion for termination, permanent AF was defined as continuous AF accepted by the patient and physician. Heart failure was defined as the combination of signs/symptoms in combination with objective signs of impaired cardiac function in accordance with the European Society of Cardiology guidelines. Arterial hypertension was defined as systolic blood pressure of 140 mmHg and/or diastolic blood pressure 90 mmHg and/or treatment with antihypertensive drugs. Diabetes was defined based on a previously established diagnosis and use of antidiabetic medications. Presence of prosthetic valve and/or mitral stenosis was documented on echocardiography. The mitral stenosis severity was assessed according to European Association of Myocardial Imaging guidelines. Diagnosis of previous myocardial infarction and vascular disease was based on patient's medical records.

 $\textbf{Table S1} \ \ \text{Baseline clinical characteristics among patients treated with VKA and NOAC}$

	Centre I		Centre II			Centre III			
	NOAC	VKA		NOAC	VKA		NOAC	VKA	
	N=450	N=252	P value	N=214	N=107	P value	N=359	N=143	P value
	70.0 (63.0-			73.5 (66.0-	74.0 (67.0-		72.0 (65.0-	73.0 (67.0-	
Age, years	78.0)	71.0 (65.0-78.0)	0.26	80.8)	79.5)	0.94	79.0)	78.0)	0.20
Female sex, n(%)	223 (49.6)	104 (41.3)	0.04	89 (41.6)	43 (40.2)	0.9	169 (47.1)	64 (44.8)	0.69
AF type, n(%)			< 0.0001			< 0.0001			< 0.0001
Paroxysmal	219 (48.7)	95 (37.7)		84 (39.3)	37 (34.6)		200 (55.7)	32 (22.4)	
Persistent	101 (22.4)	10 (4.0)		76 (35.5)	18 (16.8)		38 (10.6)	6 (4.2)	
Permanent	127 (28.2)	144 (57.1)		54 (25.2)	52 (48.6)		121 (33.7)	105 (73.4)	
Unknown	3 (0.7)	3 (1.2)		0	0		0	0	
Time since AF onset,	29.0 (11.0-	87.0 (48.0-		24.0 (6.0-	60.0 (24.0-		36.0 (10.0 -	120.0 (60.0 -	
months	60.0)	144.0)	< 0.0001	60.0)	20.0)	< 0.0001	72.5)	180.0)	< 0.0001
Time since OAC		61.0 (32.2-		6.0 (2.0-	36.0 (5.0-		12.0 (2.0 -	60.0 (31.0 -	
initiation, months	12.0 (6.0-24.0)	120.0)	< 0.0001	13.5)	120.0)	< 0.0001	28.5)	120.0)	< 0.0001
Aspirin, n(%)	79 (17.6)	44 (17.5)	1.0	45 (21.0)	21 (19.6)	0.88	33 (9.2)	6 (4.2)	0.065
Clopidogrel, n(%)	24 (5.3)	8 (3.2)	0.26	39 (18.2)	19 (17.8)	1.0	18 (5.0)	3 (2.1)	0.22
VKA in the past, n(%)	143 (31.8)	na		62 (29.0)	na		112 (31.2)	na	
Heart failure, n(%)	153 (34.0)	130 (51.6)	< 0.0001	85 (39.7)	58 (54.2)	0.017	140 (39.0)	86 (60.1)	< 0.0001
Arterial hypertension	390 (86.7)	211 (83.7)	0.31	169 (79.0)	88 (82.2)	0.55	282 (78.6)	117 (81.8)	0.46
Diabetes, n(%)	153 (34.0)	97 (38.5)	0.25	62 (29.0)	33 (30.8)	0.80	88 (24.5)	53 (37.1)	0.006
Prosthetic valve, n(%)	1 (0.2)	52 (20.6)	< 0.0001	5 (2.3)	15 (14.0)	0.0001	2 (0.6)	42 (29.4)	< 0.0001
Mitral stenosis, n(%)	12 (2.7)	11 (4.4)	0.27	4 (1.9)	3 (2.8)	0.69	0 (0.0)	15 (10.5)	< 0.0001
Prior myocardial									
infarction, n(%)	93 (20.7)	58 (23.0)	0.50	60 (28.0)	39 (36.4)	0.13	80 (22.3)	33 (23.1)	0.91
Prior stroke, n(%)	62 (13.8)	24 (9.5)	0.12	19 (8.9)	9 (8.4)	1.0	49 (13.6)	31 (21.7)	0.031
Prior TIA, n(%)	51 (11.3)	17 (6.7)	0.062	7 (3.3)	0 (0.0)	0.10	29 (8.1)	18 (12.6)	0.13
Prior stroke or TIA, n(%)	104 (23.1)	39 (15.5)	0.019	26 (12.1)	9 (8.4)	0.35	67 (18.7)	37 (25.9)	0.087
Vascular disease, n(%)	124 (27.6)	91 (36.1)	0.021	27 (12.6)	9 (8.4)	0.35	55 (15.3)	30 (21.0)	0.15
Major bleeding, n(%)	55 (12.2)	25 (9.9)	0.39	11 (5.1)	8 (7.5)	0.45	29 (8.1)	19 (13.3)	0.092
Time to questionnaire									
completion, min	10 (8-11)	10 (8-13)	0.43	10 (8-15)	12 (8-15)	0.43	15 (10-20)	15 (10 -17.5)	0.56

Data are presented as numbers and percentages or median (interquartile range). AF – atrial fibrillation, OAC – oral anticoagulant, NOAC – non-vitamin K antagonist oral anticoagulant, VKA – vitamin K antagonist, TIA – transient ischemic attack