The Gap Between Indicated and Prescribed Stroke Prevention Therapies in a High-Risk Geriatric Population in Ontario

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INTRODUCTION

- Atrial fibrillation (AF) is the most common cardiac dysrhythmia, with an estimated risk of about 25% by 80 years of age
- AF is associated with significant morbidity and mortality related to ischemic stroke and increased bleeding risk from oral anticoagulation (OAC) therapy
- The use of OAC therapy in the elderly population treated in long term care (LTC) facilities is inconsistent and poorly studied
- Care gap literature generally excludes the elderly, the group at highest risk for stroke and bleeding.

OBJECTIVE

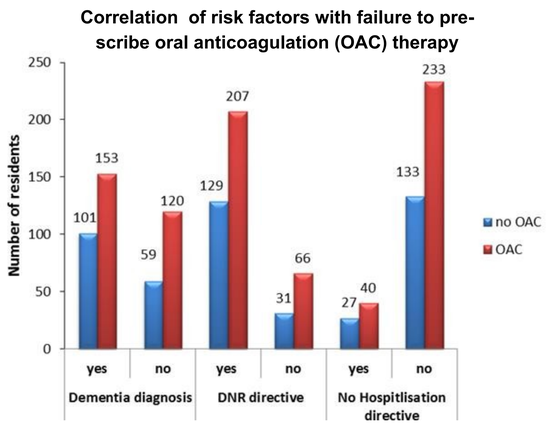
To assess the current magnitude and sources of the gap between indicated and prescribed use of OAC in the elderly with AF. Also, to characterize the prevalence of different therapies for AF in this population.

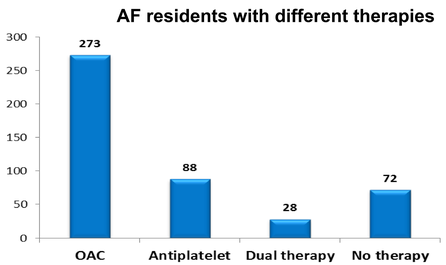
METHODS

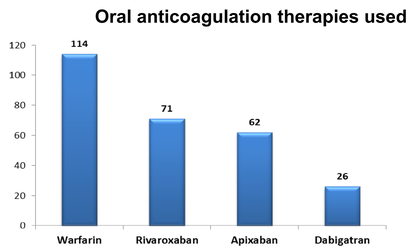
- All active resident profiles from 25 LTC facilities in Ontario, Canada were evaluated in May 2015, as part of a continuous quality improvement project
- Inclusion criteria: Diagnosis of AF drawn from LTC electronic medical records
- Records were merged with a pharmacy database, which was the sole provider of all medications for each resident
- Possible reasons for not prescribing OAC in AF were examined for potential correlation:
  - ⇒ Advanced directives for no hospitalization
  - ⇒ Do-Not-Resuscitate order (DNR)
  - ⇒ Dementia diagnosis
  - ⇒ Cognitive Performance Scale (CPS)
  - ⇒ Activities of Daily Living Self Performance Hierarchy Scale (ADL-HS)
  - ⇒ Changes in Health, End-Stage Disease, Signs, and Symptoms (CHESS) Scale
- Descriptive analysis was used for demographic variables, AF-related variables and score calculations
- Continuous variables were presented as mean ± SD and categorical variables were presented as numbers and percentages

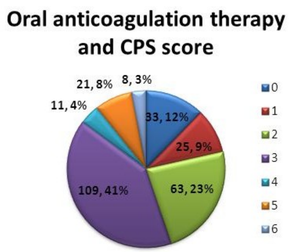
RESULTS

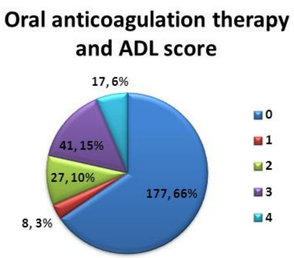
- In total 3378 active residents were examined in 25 LTC facilities
- All residents were ≥ 65 years old with mean age 85 ± 8 years and 2449 (72%) were female
- We identified 433 (13%) AF residents with mean age 87 ± 7 years and mean CHADS2 score 3 ± 1; all qualify for OAC therapy
- Out of all AF residents, 273 (63%) residents were on OAC therapy
- Residents were mostly treated with warfarin (N=114 (42%)), rivaroxaban (N= 71 (26%)) or apixaban (N= 62(23%)) followed by dabigatran (N= 26 (10%))
- Antiplatelet drugs as the only stroke prevention therapy were used in 88 (20%) residents and 28 (6%) residents were on dual therapy (anticoagulation and antiplatelet drugs)
- Seventy-two (17%) residents were not on any antiplatelet or antithrombotic therapy
- None of the 6 possible reasons for not prescribing OAC in AF consistently correlated with the failure to prescribe indicated therapy

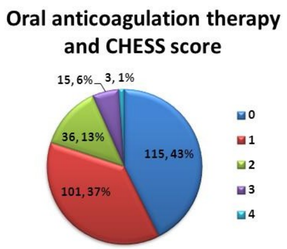












LIMITATIONS

- Unable to ascertain how each AF diagnosis was made
- Resident/family goals/wishes around OAC treatment were not included in this analysis
- Frailty scale only estimated using surrogate markers

CONCLUSIONS

- This real world data set suggested that 37% of eligible elderly LTC residents fail to receive recommended stroke prevention therapies
- Warfarin was the most common OAC therapy used in elderly residents in LTC facilities
- Lack of use of indicated therapy appeared to be idiosyncratic

Disclosures: None