

# Anticoagulation is underused and suboptimal in high risk patients with atrial fibrillation who present with a stroke - 5 year data



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# Methods

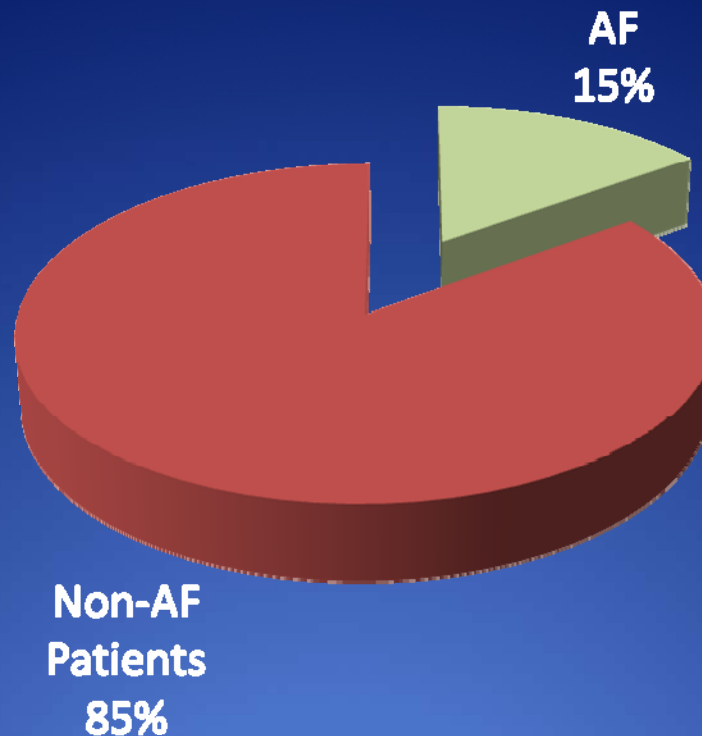
- Retrospective analysis of 5 year stroke data from St Mary's Hospital Stroke Register (2003-2008) –
  - n=1297 total ischaemic strokes
- Subjects of interest –
  - Pre-existing AF or PAF
  - High risk stratification according to NICE 2006 criteria
  - No contraindications to anticoagulation

# Methods

- Data collected on –
  - Prior anticoagulant or antithrombotic use
  - Admission INR for those on warfarin

# Results

- 15% (187/1297) patients with ischaemic stroke were known to have AF or PAF.

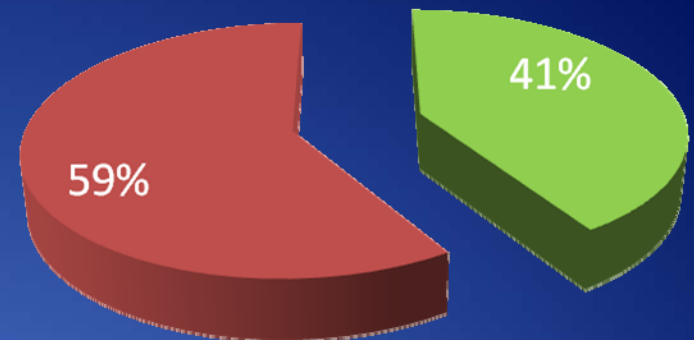
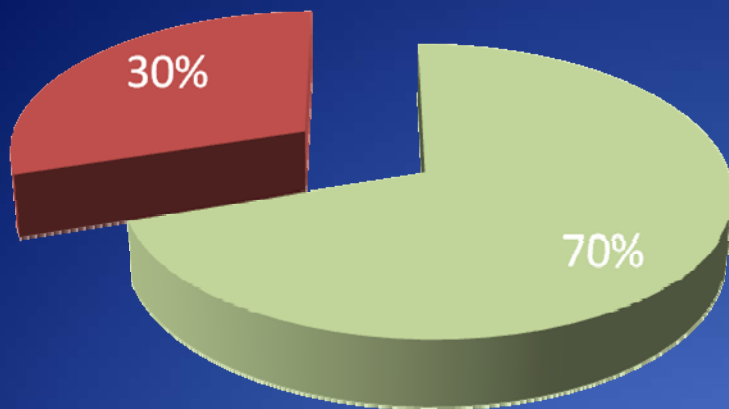


# Results - Demographics

Patients with ischaemic stroke and known AF (n=187)

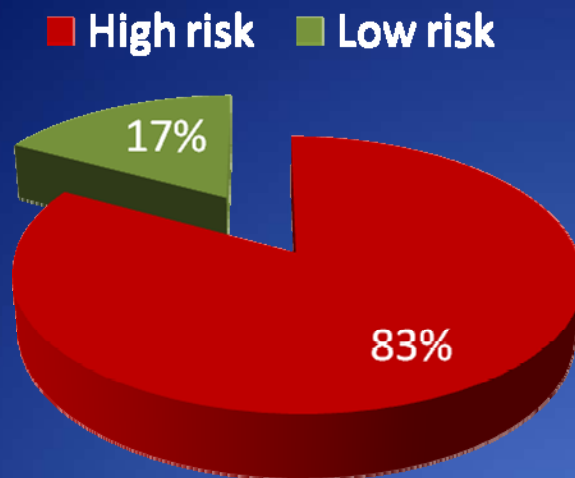
■ Above 75 yrs old ■ Below 75 yrs old

■ Male ■ Female



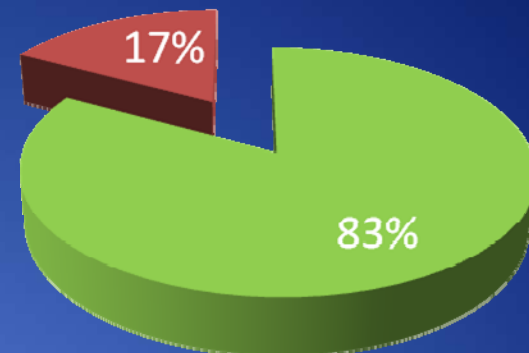
# Results

High risk as per NICE guidelines: **n=156/187**



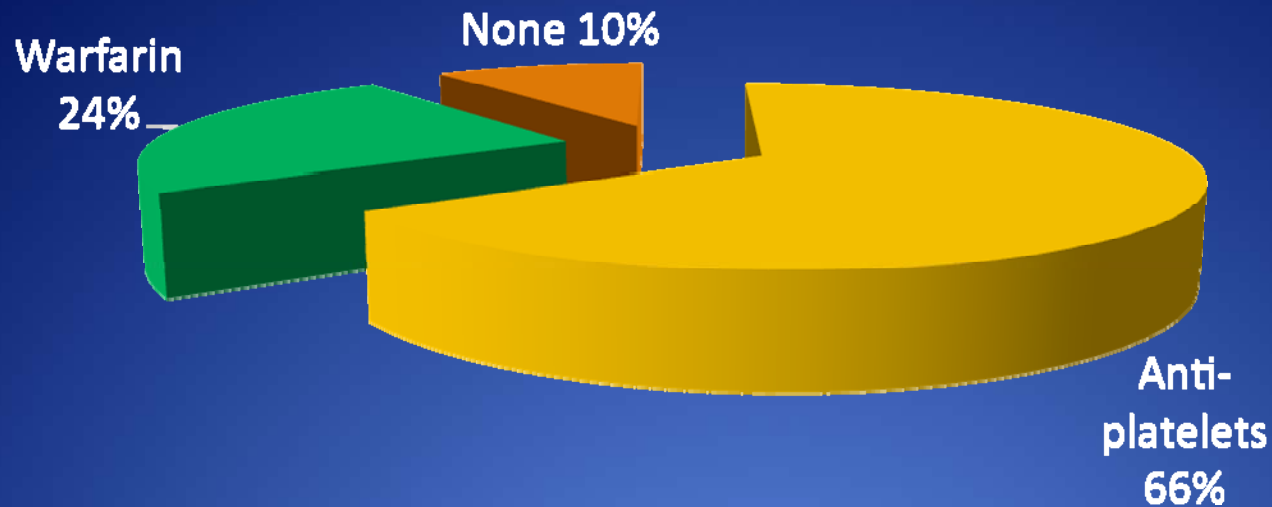
No documented contraindication to warfarin : **n=131/156**

■ No contraindication to warfarin  
■ Warfarin contraindicated



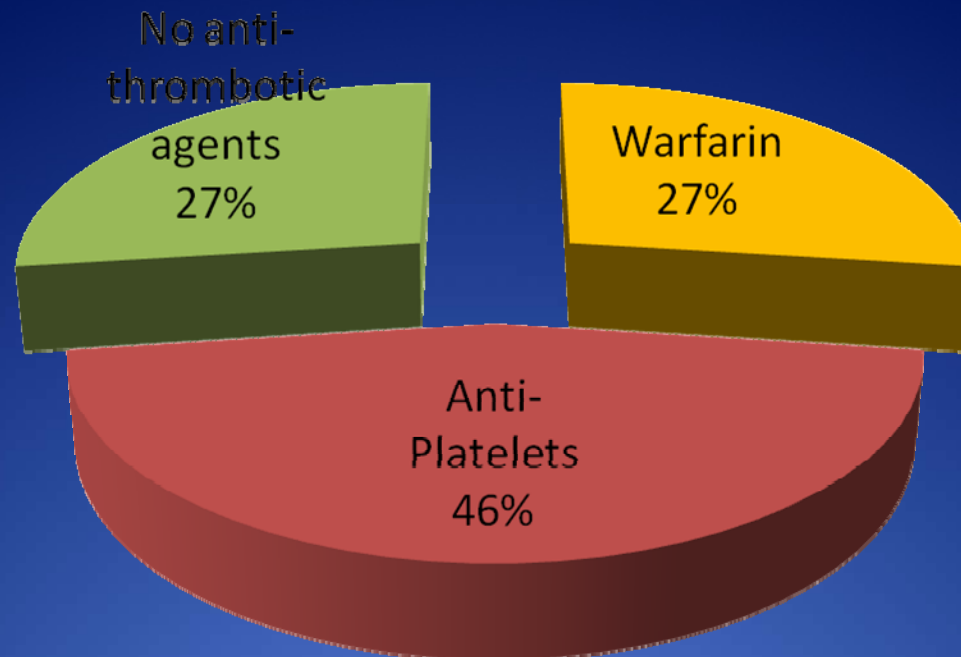
# Previous Stroke/TIA & Antithrombotic Use

N=59/131



# Results

High risk patients with no contra-indication to warfarin : (n=131)

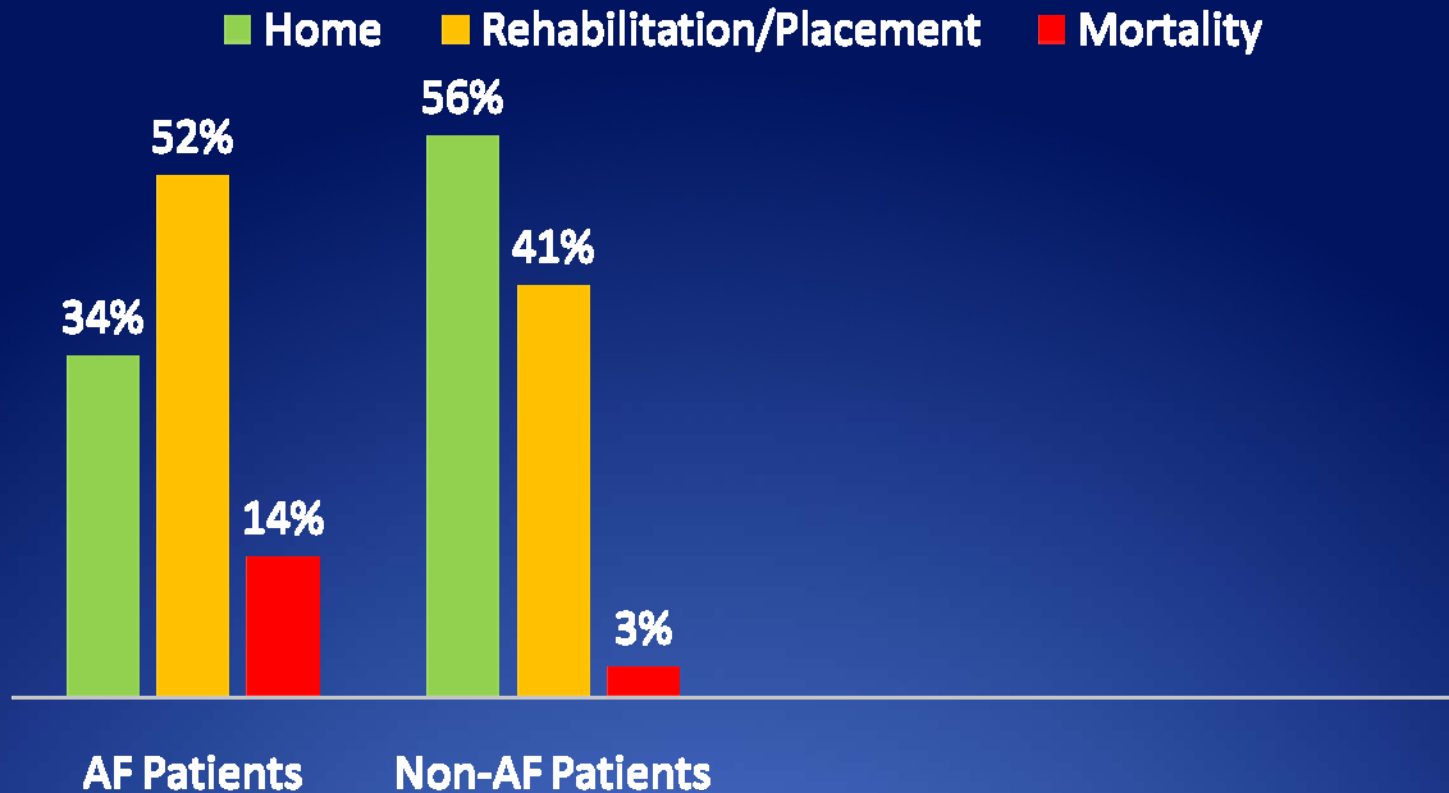




# Results

- Warfarin treated patients (n=35/131):
  - Sub-therapeutic INR (<2.0): **69%** (n=24/35)
- Overall only **8% (11/131)** of eligible patients had therapeutic INR at time of stroke

# Discharge outcomes were worse with AF.....



# Warfarin is underused-Why?

## *Patient factors*

- Refusal, perceived inconvenience
- Responsibility associated with INR monitoring
- Inadequate knowledge

## *Physician factors*

- Over-estimation of potential bleeding and falls risk
- Safety factors/monitoring