

Atrial Fibrillation in clinical practice in Spain. Comparison of the management among General Practitioners in the Canary Islands and the North of Spain

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Background

- Atrial fibrillation (AF) is the most common sustained arrhythmia seen in clinical practice¹.
- Management of these patients has traditionally been dealt separately by general practitioners (GP) and cardiologists².
- Consensus protocols for referrals and joint coordinated follow-up of these patients are still uncommon².
- The growing prevalence of AF¹ requires a coordinated approach of patients by cardiologists in order to optimize clinical assistance and the use of human and material resources³.

Objective

To compare clinical management of AF between GP from the Canary Islands and the north of Spain (Navarra, Euskadi and Cantabria).

Methods

- GP from two regions of Spain, Canary Islands and the north of Spain (figure 1) were asked to answer a survey with a total of 22 items.
- Clinical management was assessed through 9 questions concerning:

- Involvement of GP in the management of AF patients.
- Type of referral used by GP.
- Criteria for urgent referral to cardiology.
- ECG use and AF patient management by GP.
- Anticoagulant treatment prescription by GP.
- Anticoagulant treatment prescription by GP prior to cardioversion.
- Drug therapy prescription by GP for ventricular rate control.
- Antiarrhythmic drug therapy prescription by GP.
- Patient follow-up.

- To compare the management among GP, chi-squared test was performed.

Figure 1. Regions of Spain considered in this study



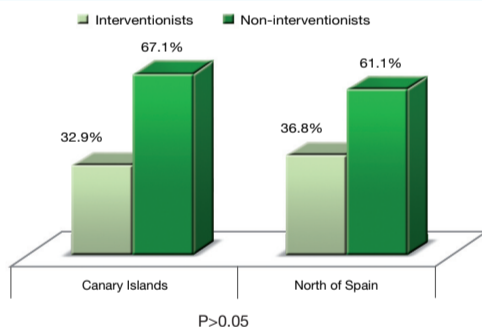
Results

- A random sample of 328 GP completed the survey; 84 (25.6%) from the Canary Islands and 244 (74.4%) from the north of Spain.
- Clinical practice was consistent for 6 of the 9 issues assessed among the two regions.

(1) Involvement of GP in the management of AF patients.

- Both regions of Spain showed a similar degree of primary health care involvement in the management of AF patients ($p > 0.05$). In both areas the number of GP directly referring to cardiology ("non-interventionists") was substantially higher than the number of those deciding to intervene in patient management ("interventionists") (figure 2).

Figure 2. GP's involvement in AF management



(2) Type of referral used by GP.

(3) Criteria for urgent referral to cardiology.

- While referrals were more frequently urgent or preferential amongst physicians from Canary Islands than amongst physicians from the north of Spain ($p = 0.045$); criteria for urgent referrals were consistent throughout both regions ($P > 0.05$) (Table 1).

Table 1. Patient referral to Cardiology and criteria for urgent referral

	Type of referral			Criteria for urgent referral		
	Canary Islands	North of Spain		Canary Islands	North of Spain	
Urgent	15.0%	11.2%	$P = 0.045$	Previous cardiopathy	51.2%	$P = 0.055$
Preferential	65.0%	54.1%		Clinical heart failure	93.0%	
Normal	20.0%	34.7%		Always	14.0%	

(4) ECG use and AF patient management by GP.

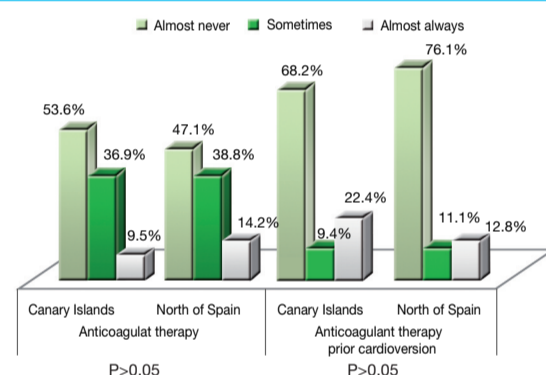
- In the Canary Islands up to 38% of GP considered ECG use and treatment of AF patients ought to be decided by a cardiologist and not in Primary Care vs only 16% in the north of Spain ($p < 0.001$).

(5) Anticoagulant treatment prescription by GP.

(6) Anticoagulant treatment prescription by GP prior to cardioversion.

- In both regions most GP were reluctant to prescribe anticoagulants (54% vs 47%) and those that did prescribe not always do so in patients referred to cardiology for immediate cardioversion (figure 3).

Figure 3. Prescription of anticoagulant therapy among GP

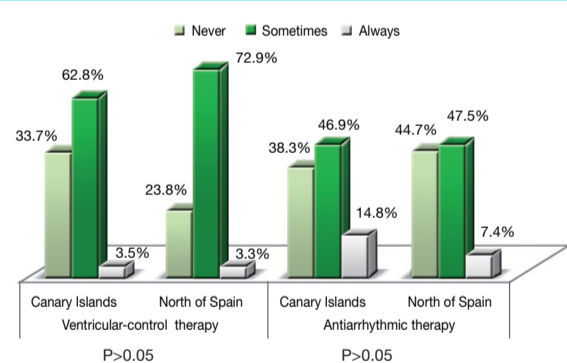


(7) Drug therapy prescription by GP for ventricular rate control.

(8) Antiarrhythmic drug therapy prescription by GP.

- Pharmacological treatment for ventricular response and heart rhythm control was rarely prescribed in both regions (4% and 15% vs 3% and 8% in Canary Islands and the north of Spain respectively) (figure 4).

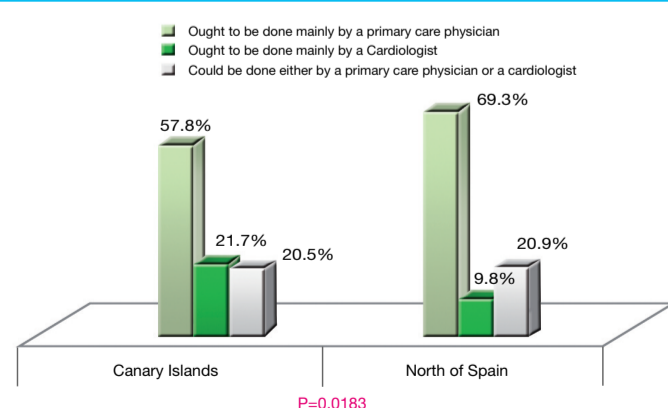
Figure 4. Prescription of antiarrhythmic and ventricular-control therapy



(9) AF patient follow-up.

- Less GP from the Canary Islands ($p = 0.018$) considered follow-up of stable patients a primary health care responsibility (58% vs 69%) (figure 5).

Figure 5. Follow-up of AF-patients



Conclusions

Clinical management of AF was similar in both regions; nevertheless, GP from the north of Spain seemed more willing to assume the management of AF patients than those from the Canary Islands.

References

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