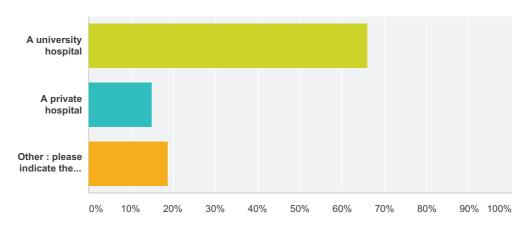
EP wire - How are patients with Atrial Fibrillation approached and informed about their risk profile and available therapies in Europe?

Q1 Is your institution?

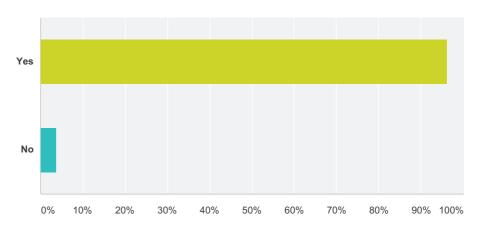


Choix de réponses	Réponses	
A university hospital	66,04%	35
A private hospital	15,09%	8
Other : please indicate the institution name	18,87%	10
Total		53

EP wire - How are patients with Atrial Fibrillation approached and informed about their risk profile and available therapies in Europe?

Q4 Would you be comfortable if we acknowledge your centre in the Europace Journal or on the website?

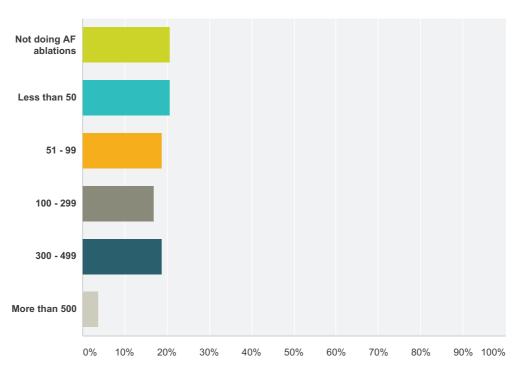
Répondues : 53 Ignorées : 2



Choix de réponses	Réponses	
Yes	96,23%	51
No	3,77%	2
Total		53

EP wire - How are patients with Atrial Fibrillation approached and informed about their risk profile and available therapies in Europe?

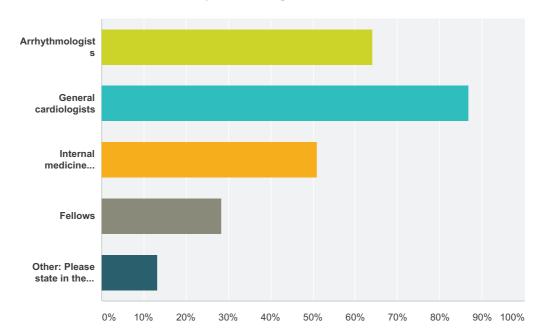
Q5 Annual number of AF ablations:



Choix de réponses	Réponses
Not doing AF ablations	20,75 % 11
Less than 50	20,75% 11
51 - 99	18,87% 10
100 - 299	16,98% 9
300 - 499	18,87% 10
More than 500	3,77% 2
Total	53

Q6 Which specialty physicians see an AF patient for the first visit in your hospital? (please, tick all that apply)

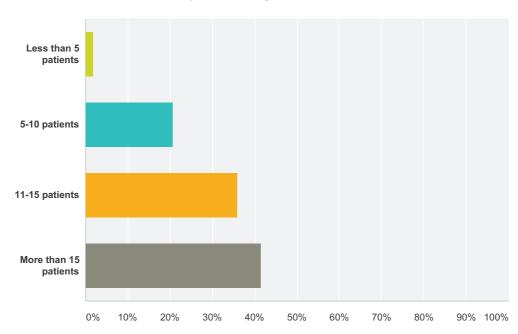
Répondues : 53 Ignorées : 2



Choix de réponses	Réponses	
Arrhythmologists	64,15%	34
General cardiologists	86,79%	46
Internal medicine specialists	50,94%	27
Fellows	28,30%	15
Other: Please state in the box below	13,21%	7
Nombre total de personnes interrogées : 53		

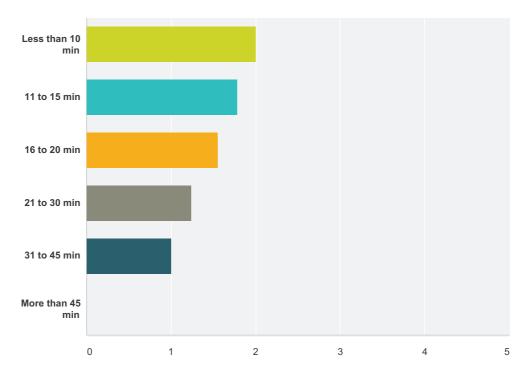
Q7 How many patients with AF do you usually see per week (including both inhospital- and outpatients)?

Répondues : 53 Ignorées : 2



Choix de réponses	Réponses
Less than 5 patients	1,89%
5-10 patients	20,75 % 11
11-15 patients	35,85% 19
More than 15 patients	41,51% 22
Total	53

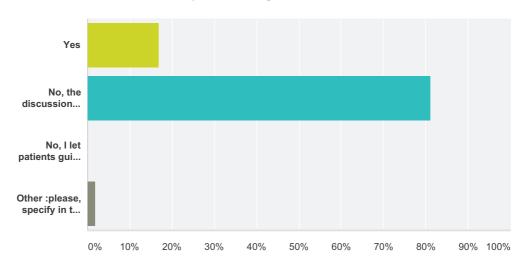
Q8 How much time do you usually have for an AF out-patient for the first visit and a regular follow-up visit, respectively? (please, give both answers)



	First visit	Regular follow-up visit	Total	Moyenne pondérée
Less than 10 min	0,00% 0	100,00% 7	7	2,00
11 to 15 min	20,83% 5	79,17% 19	24	1,79
16 to 20 min	43,75% 14	56,25% 18	32	1,56
21 to 30 min	75,86% 22	24,14% 7	29	1,24
31 to 45 min	100,00% 9	0,00% O	9	1,00
More than 45 min	0,00% 0	0,00% O	0	0,00

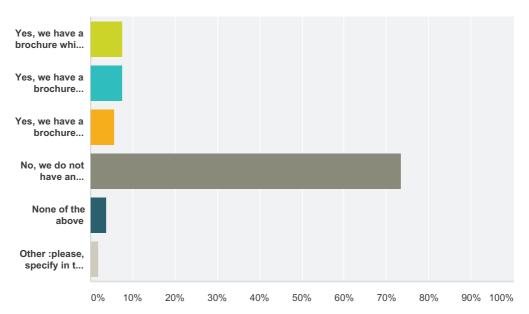
Q9 Do you have an official checklist of AFrelated issues you need to cover with your first-visit AF out-patient?

Répondues : 53 Ignorées : 2



Choix de réponses	Réponses	
Yes	16,98%	9
No, the discussion depends on patient's risk profile and presentation	81,13%	43
No, I let patients guide the discussion	0,00%	0
Other :please, specify in the box below	1,89%	1
Total		53

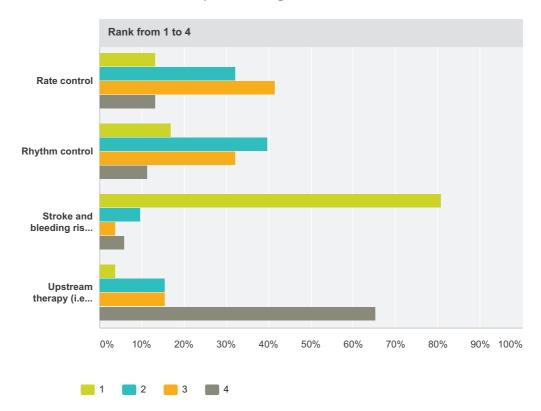
Q10 Does your hospital have an informative brochure addressing various aspects of AF, which is handed over to AF patients during their first-time visit?



oix de réponses	Réponses
Yes, we have a brochure which explains AF epidemiology and basic principles of AF management (including stroke risk assessment and prevention, benefits and risks of oral anticoagulant therapy, rate and rhythm control treatment options and goals, upstream therapy and mortality risk in AF)	7,55% 4
Yes, we have a brochure addressing only the risk of stroke and oral anticoagulant therapy	7,55 % 4
Yes, we have a brochure addressing primarily the rhythm control treatment options and goals, including AF ablation	5,66% 3
No, we do not have an explanatory brochure for AF patients, but we explain the AF-related issues during conversation with the patient	73,58% 39
None of the above	3,77% 2
Other :please, specify in the box below	1,89 % 1
tal	53

Q11 Using the incremental scale, please rank the priority of following issues for discussion with your AF patient, provided that your first-visit AF patient is not acutely haemodynamically compromised? (1 signifies the highest priority, and the issues cannot share the same rank)

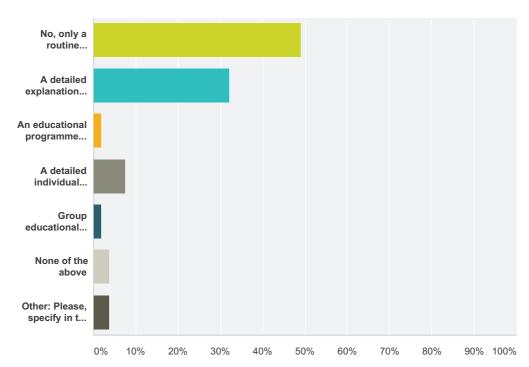




s from 1 to 4					
	1	2	3	4	Total
Rate control	13,21% 7	32,08% 17	41,51% 22	13,21% 7	53
Rhythm control	16,98% 9	39,62% 21	32,08% 17	11,32% 6	53
Stroke and bleeding risk management	80,77% 42	9,62% 5	3,85% 2	5,77%	5:
Upstream therapy (i.e., cardiovascular risk factors treatment/prevention)	3,85% 2	15,38% 8	15,38% 8	65,38% 34	5

Q12 Do you use any structured programme for AF patients' education regarding stroke risk prevention?

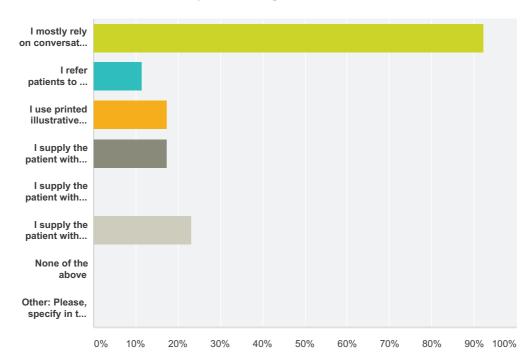
Répondues : 53 Ignorées : 2



Choix de réponses	Réponses	
No, only a routine conversation during clinical visits	49,06%	26
A detailed explanation provided by responsible physician during each regular clinical follow-up visit	32,08%	17
An educational programme provided by a hospital-based oral anticoagulation clinic	1,89%	1
A detailed individual educational sessions led by a trained nurse in my hospital	7,55%	4
Group educational sessions led by a trained nurse in my hospital	1,89%	1
None of the above	3,77%	2
Other: Please, specify in the box below	3,77%	2
Total		53

Q13 How do you explain the risk of stroke to your AF patient? (Please, tick all that applies)

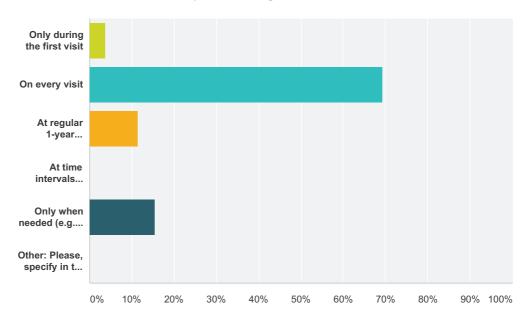
Répondues : 52 Ignorées : 3



Choix de réponses		
I mostly rely on conversation during the visit	92,31%	48
I refer patients to a specialized nurse	11,54%	6
I use printed illustrative materials (e.g., tables, figures, pictograms, other illustrations)	17,31%	9
I supply the patient with the links to relevant websites	17,31%	9
I supply the patient with available applications for mobile phones	0,00%	0
I supply the patient with illustrative materials formulated by pharmaceutical companies	23,08%	12
None of the above	0,00%	0
Other: Please, specify in the box below	0,00%	0
Nombre total de personnes interrogées : 52		

EP wire - How are patients with Atrial Fibrillation approached and informed about their risk profile and available therapies in Europe?

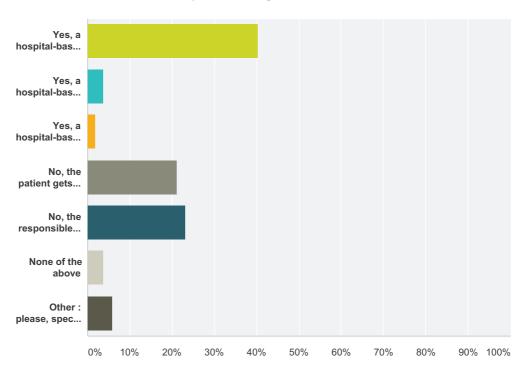
Q14 How often do you assess your AF patient's stroke risk?



noix de réponses	Réponses	
Only during the first visit	3,85%	2
On every visit	69,23%	36
At regular 1-year intervals	11,54%	6
At time intervals longer than 1 year	0,00%	0
Only when needed (e.g., a newly diagnosed cardiac disease, change of medication, etc.)	15,38%	8
Other: Please, specify in the box below	0,00%	0
otal		52

Q15 Does your hospital have an anticoagulation clinic or an anticoagulation-dedicated service?

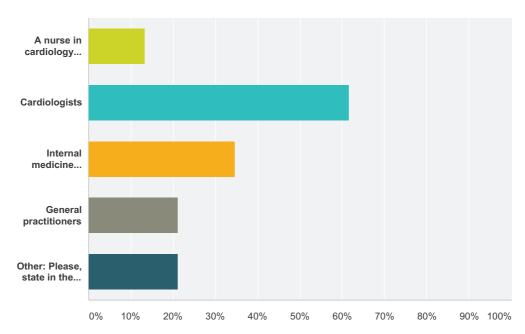
Répondues : 52 Ignorées : 3



oix de réponses	Réponses	
Yes, a hospital-based anticoagulation clinic	40,38%	2
Yes, a hospital-based self-testing unit	3,85%	
Yes, a hospital-based self-management unit with a health care provider support for patients	1,92%	
No, the patient gets scheduled office-based consultations with the responsible cardiologist	21,15%	1
No, the responsible general practitioner deals with patient's anticoagulant therapy	23,08%	1
None of the above	3,85%	
Other : please, specify in the box below	5,77%	
al		Ę

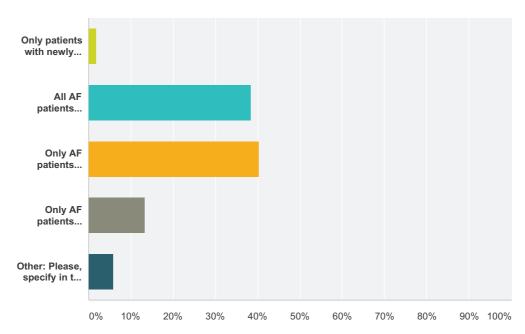
Q16 Which type of health care provider is responsible for INR values management and further dosage of vitamin K antagonists in your hospital? (please, tick all that apply)





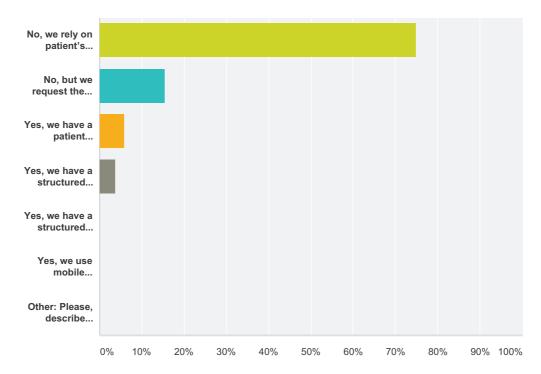
Choix de réponses	Réponses	
A nurse in cardiology department	13,46%	7
Cardiologists	61,54%	32
Internal medicine specialists	34,62%	18
General practitioners	21,15%	11
Other: Please, state in the box below	21,15%	11
Nombre total de personnes interrogées : 52		

Q17 Which of your AF patients with established indication for oral anticoagulant therapy do you inform about modern oral anticoagulant therapy (that is, NOACs)?



ix de réponses	Réponse
Only patients with newly diagnosed AF	1,92%
All AF patients eligible for oral anticoagulant therapy, including those on well-controlled warfarin therapy (that is, with stable INRs or a TTR above 65-70%)	38,46%
	40,38%
Only AF patients eligible for oral anticoagulant therapy who are either warfarin-naive or unstable on warfarin	2
Only AF patients eligible for oral anticoagulant therapy who are unwilling to take warfarin or in whom I anticipate that proper warfarin therapy monitoring would be difficult	13,46%
Other: Please, specify in the box below	5,77%
I	

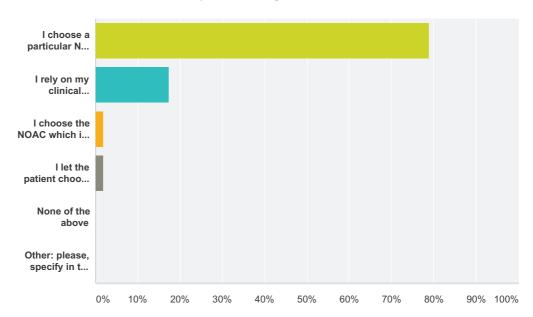
Q18 Does your centre have a structured plan/programme for monitoring the medication adherence in AF patients taking a NOAC?



oix de réponses	Répons	ses
	75,00%	
No, we rely on patient's awareness and collaboration		3
No, but we request the patient to sign that he/she has been informed about the risks of non-adherence to NOAC therapy	15,38%	,
Yes, we have a patient education programme	5,77%	
Yes, we have a structured medication adherence follow-up programme based on pill count at regular treatment intervals	3,85%	
Yes, we have a structured medication adherence follow-up programme based on electronic devices such as medication alert watch, smart pill container, etc.	0,00%	
Yes, we use mobile technology with a Pill Phone Application	0,00%	
Other: Please, describe briefly in the box below	0,00%	
al		

Q19 When prescribing NOACs, how do you select the specific NOAC for your AF patient?

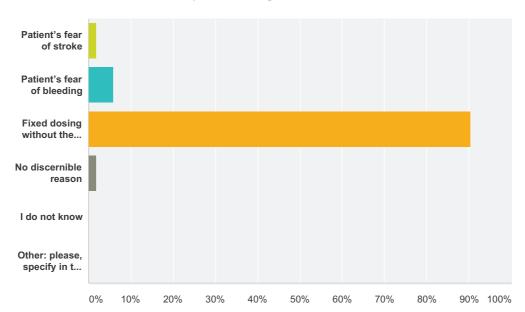
Répondues : 52 Ignorées : 3



Choix de réponses	Réponses	
I choose a particular NOAC according to my patient risk profile, in line with national/international guidelines	78,85%	41
I rely on my clinical experience with particular NOAC	17,31%	9
I choose the NOAC which is available in my hospital	1,92%	1
I let the patient choose (after being informed of the advantages and disadvantages of all approved NOACs)	1,92%	1
None of the above	0,00%	0
Other: please, specify in the box below	0,00%	0
otal		52

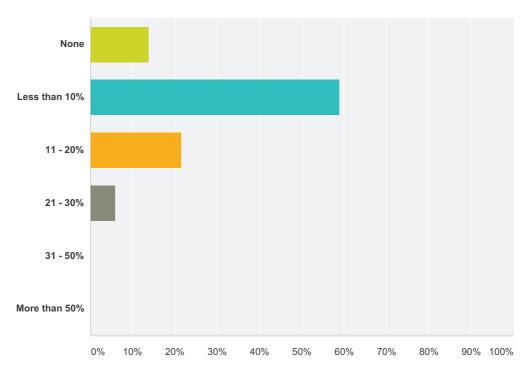
Q20 According to your clinical experience, the strongest driver of patient's decision to choose a NOAC over warfarin is:

Répondues : 52 Ignorées : 3



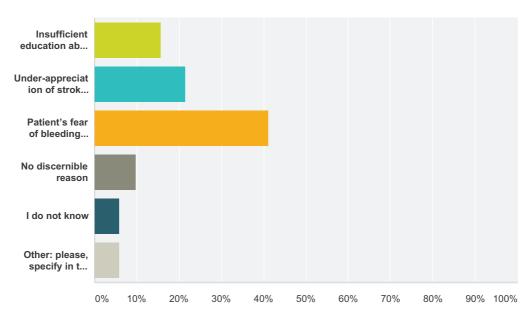
noix de réponses	Réponses	
Patient's fear of stroke	1,92%	1
Patient's fear of bleeding	5,77%	3
Fixed dosing without the need for routine regular laboratory monitoring of anticoagulation effect	90,38%	47
No discernible reason	1,92%	
I do not know	0,00%	(
Other: please, specify in the box below	0,00%	(
tal		52

Q21 According to your experience, which percentage of AF patients would refuse oral anticoagulant therapy despite being informed of the benefits and risks of such therapy?



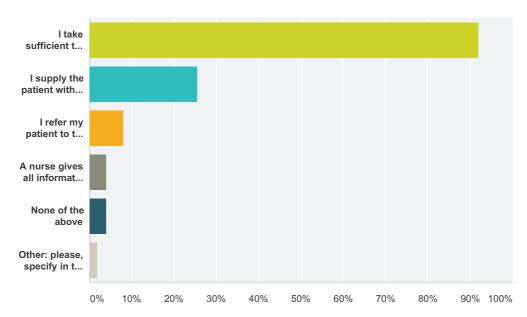
hoix de réponses	Réponses	
None	13,73%	7
Less than 10%	58,82%	30
11 - 20%	21,57%	11
21 - 30%	5,88%	3
31 - 50%	0,00%	0
More than 50%	0,00%	0
otal		51

Q22 In your opinion, what is the predominant reason for refusing any oral anticoagulant therapy among your AF patients?



noix de réponses	Réponses	
Insufficient education about AF-related risk of stroke	15,69%	8
Under-appreciation of stroke risk despite supplied information	21,57%	11
Patient's fear of bleeding with oral anticoagulant therapy	41,18%	21
No discernible reason	9,80%	5
I do not know	5,88%	3
Other: please, specify in the box below	5,88%	3
tal		51

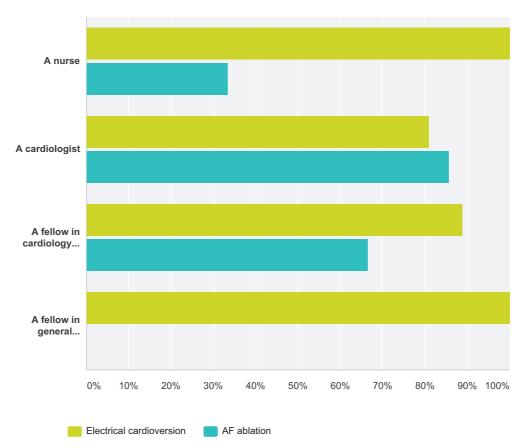
Q23 When proposing AF ablation to your patient, what is your approach regarding the information you provide to the patient? Please tick all that apply.



hoix de réponses		
I take sufficient time to explain the benefits and risks of AF ablation to the patient	92,16%	47
I supply the patient with written information about AF ablation	25,49%	13
I refer my patient to the website with information relevant to AF ablation	7,84%	4
A nurse gives all information about AF ablation to the patient	3,92%	2
None of the above	3,92%	2
Other: please, specify in the box below	1,96%	1
lombre total de personnes interrogées : 51		

Q24 Which health care provider mostly takes care of AF patients until discharge post electrical cardioversion or AF ablation in your hospital? (please, give only one answer in each column)

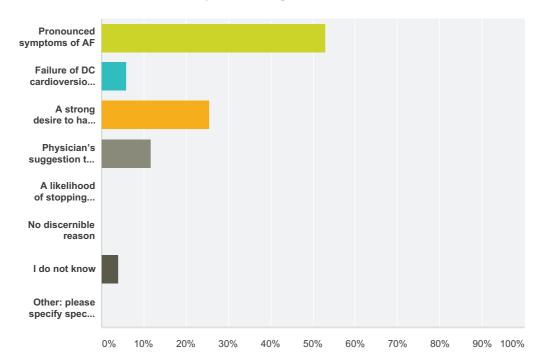




	Electrical cardioversion	AF ablation	Nombre total de personnes interrogées
A nurse	100,00% 9	33,33%	9
A cardiologist	80,95% 34	85,71% 36	42
A fellow in cardiology training	88,89% 16	66,67% 12	18
A fellow in general practice training	100,00% 2	0,00%	2

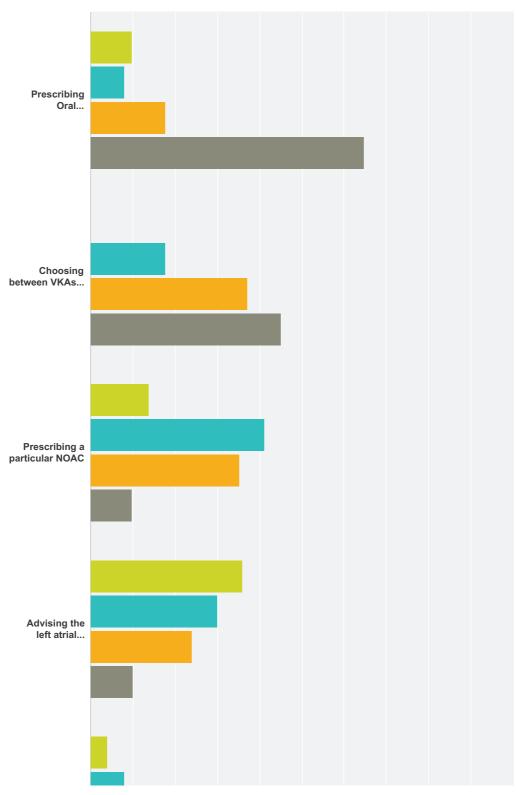
Q25 According to your clinical experience, the strongest drivers of patient's decision to go for AF ablation is:

Répondues : 51 Ignorées : 4

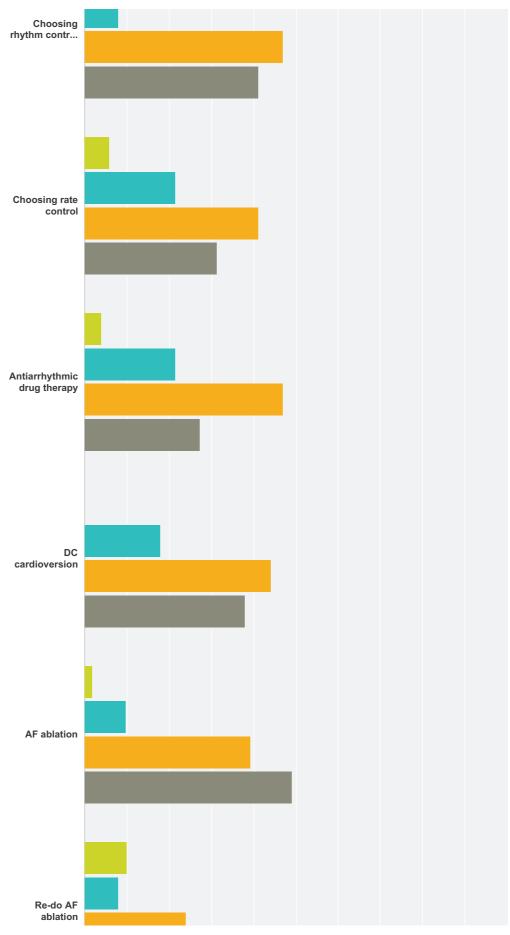


hoix de réponses	Réponses	
Pronounced symptoms of AF	52,94%	27
Failure of DC cardioversion and antiarrhythmic drugs	5,88%	3
A strong desire to have normal cardiac rhythm	25,49%	13
Physician's suggestion that AF ablation is most likely to cure AF	11,76%	6
A likelihood of stopping chronic oral anticoagulant therapy several months after AF ablation	0,00%	0
No discernible reason	0,00%	0
I do not know	3,92%	2
Other: please specify specify in the box below	0,00%	0
otal		51

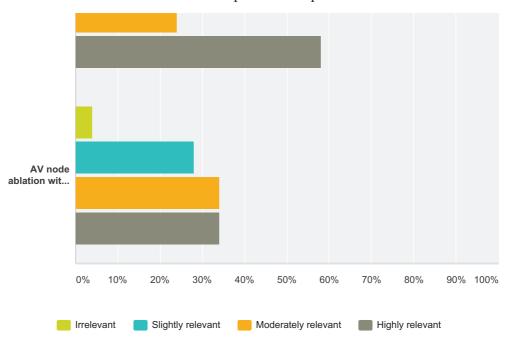
Q26 When guiding patients to choose a treatment, please, rate the relevance of the patient values and preferences for your AF treatment decisions below:



EP wire - How are patients with Atrial Fibrillation approached and informed about their risk profile and available therapies in Europe?



EP wire - How are patients with Atrial Fibrillation approached and informed about their risk profile and available therapies in Europe?



	Irrelevant	Slightly relevant	Moderately relevant	Highly relevant	Total
Prescribing Oral Anticoagulation	9,80% 5	7,84%	17,65%	64,71%	5
Choosing between VKAs and NOACs	0,00%	17,65%	37,25%	45,10%	5
Prescribing a particular NOAC	13,73%	41,18%	35,29%	9,80%	Ę
Advising the left atrial appendage occlusion	36,00%	30,00%	24,00%	10,00%	Ę
Choosing rhythm control strategy	3,92%	7,84%	47,06%	41,18% 21	
Choosing rate control	5,88%	21,57%	41,18% 21	31,37%	
Antiarrhythmic drug therapy	3,92%	21,57%	47,06% 24	27,45%	
DC cardioversion	0,00%	18,00% 9	44,00% 22	38,00%	
AF ablation	1,96%	9,80% 5	39,22%	49,02% 25	
Re-do AF ablation	10,00% 5	8,00%	24,00%	58,00% 29	
AV node ablation with pacemaker implantation	4,00%	28,00%	34,00%	34,00%	