



Survey about the Management of Thromboembolic Events in Atrial Fibrillation Prevention Performed by the ESC Council for Cardiology Practice

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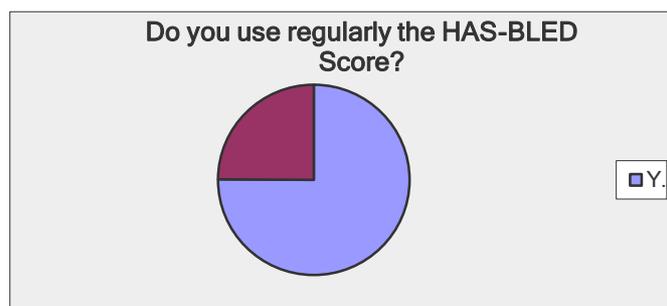
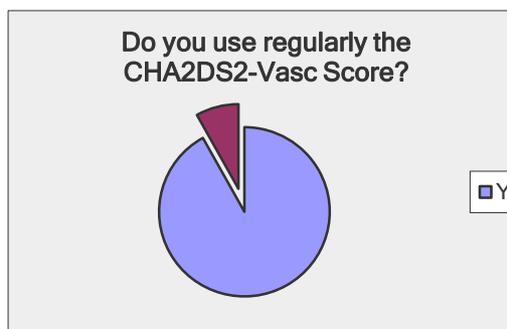
On behalf of the Council for Cardiology Practice (CCP) of the European Society of Cardiology (ESC)

Purpose and method

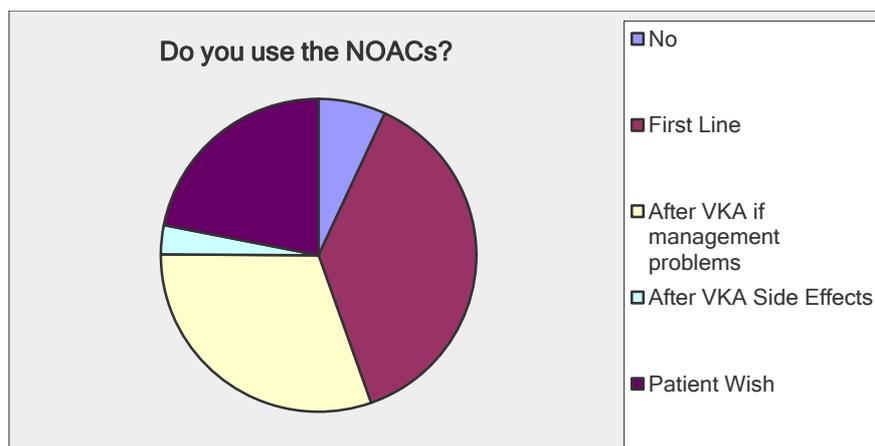
To evaluate knowledge and application of 2012 ESC Atrial Fibrillation (AF) guidelines' recommendations on thrombosis prevention, we sent an E-mail questionnaire to 50840 cardiologists, subscribers of the CCP E-Journal, with 15 questions concerning anticoagulation management.

Results

The responders were 2428 (4.7% of total), 70.3% male, 51.8% from 30 to 50 years old, 70.3% from Europe, 56.1% working in hospital and 22.6% in out-of-hospital practice. 91.9% declare to use regularly the CHA2DS2-Vasc Score.



Physicians who do not use it answered it is mainly because of difficulties in remembering it (35.2%), or due to a lack of knowledge (23.1%). CHADS score was still used from 28.1% of the responders. HAS-BLED Score is not used by 24.9% of the responders, mainly (35.4%) due to memory difficulties, or a lack of knowledge (22.8%). In patients with concomitant AF and stable CAD, 33.8% of physicians use warfarin, 29.9% NOACs, 20.3% ASA and warfarin, 13.1% ASA and NOACs. A significant part of physicians (30.4%) think anticoagulation is compatible with an age > 90 years, but 14.8% believe 75 years is the highest age compatible with OAC. The majority of responders (37.7%) use NOACs as first line treatment, and 30.5% after VKA management problems. 21.9% of responders chose NOACs because of patients' wish. 6.9% of responders do not use NOACs at all, mainly due to reimbursement problems in their country (31.5%) or a lack of experience with this drug class (25.1%).



A good percentage of responders (61.7%) declare to know and apply or to know and apply partially (35.9%) the 2012 ESC Guidelines on AF.

Conclusions

Many of the results of the questionnaire are quite satisfying. A large percentage of responders uses the CHA2DS2-Vasc Score, with very few ignoring it. A good percentage of responders thinks that anticoagulation is compatible with very old ages, even more than 90 years, while only 14.8% consider the highest age for anticoagulation is 75 years. Another positive result consists in the very low percentage of responders not using NOACs, mainly due to the lack of reimbursement of their NHSs or the lack of confidence with these drugs. Finally a very large percentage knows the guidelines and applies them, at least partially.



On the other hand, about one fourth doesn't use the HAS-BLED Score. The answer concerning the use of antithrombotic drugs in stable CAD is difficult to analyze: the choice of VKA and NOACs is adequate, while the association chosen by one third of responders of ASA and VKA or ASA and NOACS in stable conditions is not indicated in the guidelines, although there is a lack of randomized studies. Our results indicate that 2012 AF ESC guidelines are accepted by the medical community and better known compared to other guidelines. This is encouraging. However, there is still a large room for improvement.

Among the physicians not using the score, 35.2% have difficulties in remembering it, and 23.1% incriminate a lack of knowledge. CHADS score was still used from 28.1% of the responders.