

Family physician prescribing practices and perspectives on shared decision making regarding the use of oral anticoagulants for stroke prevention in patients 75 years or older with atrial fibrillation.

Jahaan Ali BSc, Marjan Abbasi, MD, CCFP(COE), Sheny Khera, MD, MPH, CCFP(COE), Paul Kivi, MD, CCFP(COE) & Peter George Tian, MD, MSc

Division of Care of the Elderly, Department of Family Medicine, Faculty of Medicine and Dentistry, University of Alberta
Corresponding Author: Sheny Khera <sheny.khera@gmail.com>

INTRODUCTION

- Older adults are at higher risk of Atrial Fibrillation (AF), yet many go undertreated with oral anticoagulant therapies (OAC), posing an increased risk of preventable ischemic stroke, greater morbidity and healthcare costs.
- Approximately 85% of OACs are prescribed by family physicians, whose longitudinal doctor-patient relationships make them ideal for delivering patient-centered approaches for stroke prevention in AF.
- Shared decision making (SDM) is a key aspect of patient-centered care.
 - SDM involves collaboration between clinicians and patients to make decisions informed by evidence and in line with patient values.
 - SDM is especially valuable in situations requiring a balance between potential benefits and harms, such as initiating OAC for stroke prevention in elderly patients with AF.

Objective: To determine the management practices and perspectives of family physicians in Edmonton on SDM for the use of OACs for AF in patients aged 75 years or older.

METHODS

A self-designed 18-item survey, consisting of Likert-type, multiple-choice, and open-ended questions on decision-making practices and demographics. Online Survey distributed to 20 family physicians (mean age 44.7 years; 75% female; average 15 years in clinical practice) affiliated with Edmonton Oliver Primary Care Network. Responses collected Oct. – Dec. 2019.

Outcome measures:

- Family physician understanding of the risks and benefit of OACs
- The tools family physicians use to assess OAC risks and indications
- In AF patients ≥ 75 years:
 - Factors family physicians consider when deciding to initiate OACs for stroke prevention
 - Family physician confidence in initiating OACs for stroke prevention
 - Reported use of SDM; perceived patient understanding of options regarding the use of OAC for stroke prevention

Family physicians involve patients in shared decision making when starting oral-anticoagulation for atrial-fibrillation but are not equally confident in initiating therapy.

“I am confident initiating oral anti-coagulation for stroke prevention in atrial fibrillation patients 75 years of age or older.”

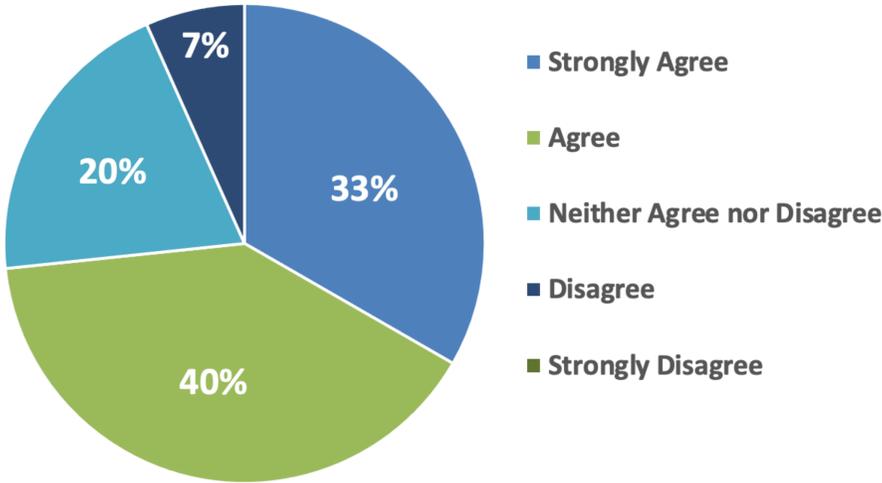


Figure 1. Family physician self-reported confidence initiating OAC for stroke prevention in AF patients ≥ 75 years.

RESULTS

- Factors family physicians considered: Patients’ risk of falls, bleeding or stroke (17/20, 85%), patients’ health (15/20, 75%), patient preference (12/20, 60%), drug properties (8/20, 40%), drug coverage (4/20, 20%), and laboratory access (4/20, 20%).
- CHADS2VASC (13/14, 93%) and HASBLED (11/15, 73%) were tools used to determine stroke and bleeding risks, respectively.
- When asked whether they felt confident initiating OAC for AF patients ≥ 75 (Figure 1), 73% of participants agreed or strongly agreed, 20% neither agreed nor disagreed, and 6.67% disagreed. Increased education was the most commonly reported factor needed to increase confidence.
- All participants agreed or strongly agreed that their patients participated in SDM to initiate OAC for stroke prevention and understood treatment options, benefits and risks.

“My patients (75 years of age or older)...”

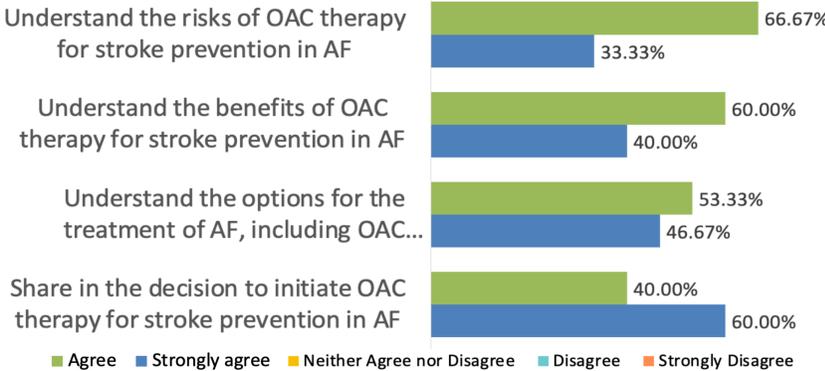


Figure 2. Family Physician perceived use of SDM regarding the use of OAC for stroke prevention in AF.

DISCUSSION

- The risk of falls, stroke and bleeding had the strongest influence on family physicians’ decision to start OAC in elderly patients with AF.
- All physicians felt they used SDM and agreed that their patients were educated on the use of OAC for stroke prevention in AF.
 - However, even when physicians believe that they are employing shared decision making when choosing an AC, patients may believe that their physicians were the ones making the decision.
- Family physician confidence in initiating OAC treatment for elderly AF patients was variable.
 - While further exploration is needed to determine additional factors influencing their confidence, increased education may be one key factor to address.