BEST PRACTICES IN: Understanding U.S. Cardiologists' Perspectives of Non-Valvular Atrial Fibrillation

Introduction

Atrial fibrillation (AF) is a serious condition affecting between 2.7 and 6.1 million people in the United States (U.S.), and leads to a stroke risk that is three to five times higher than in patients without AF.[1,2] Strokes due to AF are nearly twice as likely to be fatal as non-AF related strokes.[3]

As populations in developed economies live longer, the incidence of AF is expected to increase dramatically.[4] Therefore, it is vital for the medical community to better understand the disease and those affected.

To get a clearer picture of cardiologists' perspectives on non-valvular atrial fibrillation (NVAF) and complexities surrounding its management, Daiichi Sankyo and the Heart Rhythm Society commissioned Harris Poll to conduct a survey of 1,100 cardiologists across seven countries, including 160 from the U.S.

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Overall U.S. Findings*

The survey was designed to gain an understanding of:

- The diversity in global and U.S. NVAF patient populations and the challenges in appropriately managing these patients
- Physician perceptions of unmet needs of NVAF
- Specific challenges associated with NVAF, including delayed diagnosis, coordination of patient care, and co-morbidities

While there were many consistent findings globally, insights obtained from U.S. cardiologists provide a number of interesting observations on how NVAF patients are managed. In particular, the survey revealed that U.S. cardiologists:

- Believe patients experience a delay in diagnosis (99%)
- Strongly or somewhat agree that treatment plans should be customized to the individual NVAF patient (94%)
- Strongly or somewhat agree that coordinated care among HCPs is an important part of NVAF management (86%)

Delayed Diagnosis and Diversity of NVAF Patient Population

As with any condition, NVAF management begins at diagnosis. However, 99% of U.S. cardiologists believe patients experience a delay in diagnosis, and 92% agree that patients often do not seek treatment because they are asymptomatic.[5] Another reason for delayed diagnosis, according to the survey, is low awareness among primary care physicians and general practitioners (36%) and the general public (32%).[5]

Sixty percent of U.S. cardiologists either somewhat or strongly agree that there is no such thing as a "typical" NVAF patient, and 94% either somewhat or strongly agree that patients with NVAF are diverse and therefore it's important to focus on individual co-morbidities and patient characteristics to provide appropriate disease management. On average, NVAF patients in the U.S. have about three co-morbid conditions, according to the survey.[5] A co-morbid condition is defined as any other diagnosed disease or health condition that may impact how a patient is treated and managed for NVAF.

NVAF Management

Regardless of the individual treatment plan, it is extremely important for physicians to closely monitor NVAF patients, as they have an increased risk for stroke, heart failure, and death.[6] However, the survey revealed that not all NVAF patients are receiving oral anticoagulant (OAC) therapy. U.S. cardiologists reported that an average of 83.7% of their NVAF patients currently receive OAC treatment.[5]

Among the remaining 16.3% not receiving OAC therapy, according to the survey, an average of 36.8% have an appropriate stroke risk level to warrant taking an OAC based on current guidelines. The three most commonly selected reasons why some NVAF patients do not receive OAC therapy for stroke prevention are patient refusal (82%), high risk of bleeding (80%), and contraindications (70%). U.S. cardiologists also acknowledged that, excluding prior stroke, the three most commonly selected co-morbidities or patient characteristics that receive the greatest weight when managing OAC therapy for stroke prevention are the patient's risk of bleeding, age, and risk of falls or fractures.[5]

When assessing a patient's stroke risk, 88% of U.S. cardiologists say they are extremely or very familiar with the CHA_2DS_2-VASc score and use this method in a greater proportion of patients, on average, than $CHADS_2$ (84% vs. 68%).[5] This is a welcome finding, as CHA_2DS_2-VASc has recently been incorporated into U.S. treatment guidelines and it has several advantages over the $CHADS_2$ score.[7]

When asked how important a list of 23 factors were in choosing a treatment for stroke prevention in patients with NVAF, the three factors that received the highest percentage of "very important" or "important" responses from U.S. cardiologists were: medication safety profile (99%), history of hemorrhagic stroke (97%), and patient risk of bleeding (97%). As a follow-up question, when asked what the most important factor is in choosing treatment for stroke prevention in patients with NVAF, the highest percentage of responses (31%) were for overall efficacy profile of the medicine. When developing a treatment plan, 94% of U.S. cardiologists believe it is important to customize treatment regimens for each patient.[5]

Coordinated Care and the Role of the Caregiver

Given the diversity of NVAF patients and the presence of co-morbidities, 86% of U.S. cardiologists strongly or somewhat agree that coordinated care among healthcare professionals is important when it comes to managing NVAF. Coordinated care in other disease areas has been found to improve patient outcomes.[8] Despite this belief, it is disconcerting that only 27% strongly or somewhat agree that coordinated care in the U.S. is currently adequate.[5]

Seventy-seven percent of U.S. cardiologists strongly or somewhat agree that there is an opportunity for caregivers to play a more prominent role in helping patients manage NVAF. U.S. cardiologists reported that an average of 52.9% of their NVAF patients have a caregiver and 71% strongly or somewhat agree that their patients with a caregiver are able to better manage their condition than those without a caregiver.[5]

Caregivers often serve as a critical bridge in treatment and disease management by providing the needed emotional support and ensuring communication channels between patients and providers remain open.[9] Among U.S. cardiologists, 91% strongly or somewhat agree that caregivers should help patients communicate with every healthcare professional seen.[5]

Implications

The prevalence of NVAF is growing worldwide, and these findings support the need for increased awareness among providers and the general public, as well as improved strategies for effective management. Results of this survey offer valuable insights about NVAF management and reinforce its complexity.

The most important takeaways from the survey are that NVAF is a complex disease characterized by a diverse patient population, and requires cardiologists to assess co-morbidities and individual patient profiles. We should be especially mindful that nearly all U.S. cardiologists reported that some NVAF patients experience a delayed diagnosis. Additionally, U.S. cardiologists should remain aware of current NVAF treatment guidelines, given that some patients at risk of stroke are not being treated with OAC therapy. Better understanding of treatment barriers and staying up-to-speed on guidelines will allow us to enhance the care we provide. Finally, the role of coordinated care, facilitated by patient-physician dialogue, physician-physician collaboration and caregiver-delivered support, is critical to successfully managing NVAF. In circumstances where patients lack a dedicated caregiver, cardiologists should seek local support networks to help patients understand their condition and treatment options, and obtain a sense of community.

The findings of this survey illuminate several important considerations regarding the care and management of NVAF patients. Raising awareness among healthcare providers to advance understanding of the disease, improve treatment planning, and ensure that current guidelines are considered will support care designed to reduce the risk of stroke, heart failure, and death. Clinicians and other healthcare professionals should internalize these findings and identify where they can help facilitate improvements in the diagnosis and management of NVAF patients to enhance care coordination, patient satisfaction, and ultimately, outcomes.

***Full data available upon request**

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