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Utilization of Anticoagulation for Stroke Prevention in Patients with Atrial Fibrillation: Single Center Study

**Background:** Atrial fibrillation (AF) is associated with increased risk of stroke, morbidity and mortality. Anticoagulation (AC) in high-risk AF patients is indicated to prevent stroke. However, AC continues to be under-utilized.

**Methods:** We retrospectively reviewed AC strategy used for all AF between 1st September 2015 and 31st September 2016.

**Results:** 325 patients with AF were identified. The mean CHA2DS2-VASc score was 3.47**±**1.36. 94.7% of patients with CHA2DS2-VASc score ≥2, 77.2% (251/325) were properly anticoagulated and 22.8% (74/325) were not on AC at discharge. 48 out of 74 patients were not on any AC and the rest were on aspirin only. In untreated patients (74/325) 11/74 (18.5%) had HAS-BLED score > 3 (high risk), while the rest had lower value. The reasons not to initiate anticoagulation were: previous GI or intracranial bleeding (18.9%), decision deferred to the primary care physician (13.5%); and falls risk or frailty due to old age (9.4%). However, no reason was documented in the majority of patients (58.1%).

**Conclusion:** Anticoagulation for stroke prevention in AF remains under-utilized in eligible patients. Use of CHA2DS2-VASc score and HAS-BLED Score can help in appropriate selection of patients with AF for anticoagulation prior the patient discharge. Physicians continue to underutilize AC for AF patients and patient’s engagement in the decision is fundamental.

