Clinical Profile and Adherence to Guidelines directed stroke prevention therapy in patient with Atrial Fibrillation in Department of Cardio Vascular Medicine, Mandalay General Hospital

KHIN OO LWIN
Than Than Kyaing
Kyaw Soe Win
Myint Ngwe
Khin Maung Win
Hein Htet Aung

Introduction: Background: Atrial fibrillation (AF) is the most common sustained cardiac arrhythmia encountered in clinical practice. Even in developed countries suboptimal anticoagulation and low adherence to guidelines is frequently observed in Atrial fibrillation (AF) patients. There is no national and local data about the utilization patterns and adherence to guidelines directed therapy for stroke prevention in patients with AF in Myanmar population.

Methods: It was a single Centre one year observational study from May 2018 to May 2019. All patients admitted in Department of Cardio Vascular Medicine, Mandalay General Hospital with AF were included. Detailed history, examination and relevant investigations were carried out and CHA2DS2VASc score was used for risk stratifying and prescribing oral anticoagulants in non-valvular AF.

Result: Total one hundred and sixty two patients were studied, 43.2 % were male and 56.79% were female. Sixty nine patients were valvular AF and ninety three patients were non-valvular AF. Among non-valvular AF, hypertension was most common risk factor (54.8%) and the rest were 31.1% associated with smoking, 15.0% with Diabetes Mellitus and 19.35% with Coronary Artery Diseases. Mean CHA2DS2VASc score was 2.06±1.22 in non-valvular AF, median score 2. Out of ninety three patients, sixty four patients were found to have indication for prescription of OAC as per guidelines, out of which only 22(34.4 %) patients actually received OAC. OAC prescription was significantly higher in valvular vs. non-valvular AF (p ≤0.01).

Conclusion: Oral anticoagulant was underused in non-valvular AF cases in this study. Optimal anticoagulation needs to be emphasized on both patients as well as physicians to prevent strokes and achieve better outcomes.