GRASP-AF Query and risk stratification tool is FREE and available for use with all GP clinical systems in England

GRASP-AF provides a set of MIQUEST queries to identify, for your practice, patients with a diagnosis of AF who are not on warfarin.

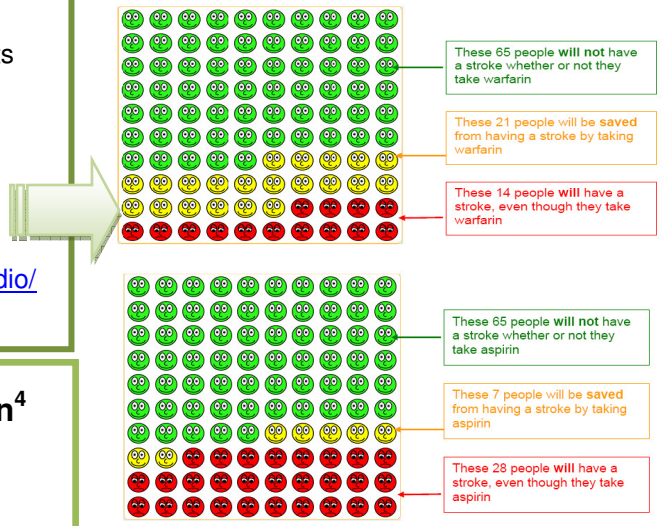
It calculates their risk of stroke using the validated CHADS2 scoring system and highlights patients with a CHADS2 score of 2 or more who are not on warfarin and would benefit from a review to assess the issue of anticoagulation.

To find out more about this new tool and to sign up to run the search simply go to www.improvement.nhs.uk/graspaf

Patient Decision Aids (PDA) can be extremely useful when talking to patients about risks versus benefits of different treatments and medications.

This NPCi PDA poses the question **"Atrial Fibrillation – is warfarin or aspirin better?"**

Download it from:
http://www.npci.org.uk/therapeutics/cardio/atrial/resources/pda_af.pdf



Contraindications to Warfarin[4]

- Pregnancy
- Hypersensitivity to warfarin
- Within 2 days of surgery
- Bacterial endocarditis
- Severe renal or hepatic disease
- Peptic Ulcer
- Severe hypertension

Possible Side Effects[4]

- Bleeding/bruising
- Hypersensitivity
- Rash
- Alopecia
- Diarrhoea
- Purple toes

References

1. National Prescribing Centre. MeReC Bulletin Volume 12 No 5. http://www.medman.nhs.uk/ebt/merec/cardio/atrial/resources/merec_bulletin_vol12_no5.pdf
2. NHS Improvement. Commissioning for Stroke Prevention in Primary Care – the role of atrial fibrillation 06/09
3. Mant et al The Lancet Vol. 370 11th August 2007
4. BNF 57. March 2009. Pharmaceutical Press
5. SIGN Guideline No. 36 http://www.sign.ac.uk/guidelines/fulltext/36/index.html March 1999.

Useful reading

Primary Care Anticoagulation Monitoring Guidelines for patients taking warfarin- Surrey PCT March 2008

Important information for patients

Informing patients with AF about the benefits and risks of taking warfarin will be helped with the right resources.

INR = International Normalised Ratio. It is a method of expressing how long it takes blood to clot.

- Warfarin should be taken at roughly the same time each day (preferably 6pm).
- Do not confuse the dose in mg with the number of tablets that you take.
- It is important to tell the dentist that you are taking warfarin.
- Before buying any medicines including alternative remedies tell the pharmacist that you are taking warfarin.
- Do not take aspirin unless advised to by your GP.
- Any major changes in your diet may affect how your body responds to your anticoagulant medication.
- Cranberry juice can affect your INR and should be avoided altogether.
- If your diet changes greatly over a seven-day period, you should have an INR test.
- It is dangerous to 'binge drink' whilst taking anticoagulants.

- **Do patients know why they are taking warfarin, their target INR and the importance of attending for INR tests?**
- **Do patients know what to do if they miss a dose?**

This information is taken from the Yellow Oral anticoagulant therapy booklet which should be given to a patient when they are started on warfarin http://www.npsa.nhs.uk/nrls/alerts-and-directives/alerts/anticoagulant

Patient preference, compliance and facilities for INR monitoring should always be taken into account as well as stroke and bleeding risk[5].

The following organisations offer advice, support and information for patients with AF:

- The Atrial Fibrillation Association (AFA) www.atrialfibrillation.org.uk
- The Stroke Association www.stroke.org.uk
- The Arrhythmia Alliance www.heartrhythm.org.uk

Information for medical professionals:

- The AFA have a Toolkit endorsed by the DH, PCCS and HRUK. Double-sided information sheets on all aspects of AF diagnosis and management written for medical professionals as well as patients can be downloaded from www.atrialfibrillation.org.uk Go to AFA Toolkit.

WARFARIN: DISCUSSING WARFARIN THERAPY WITH YOUR PATIENT

ANTICOAGULATION IS UNDERUSED IN THE TREATMENT OF ATRIAL FIBRILLATION

Starting warfarin can be a daunting prospect for many patients. Informing them about what to expect from therapy, the potential benefits and possible side effects can help them make that decision.

Warfarin is considered to be underused in AF, even though most systematic reviews have shown that it is better than aspirin at reducing the risk of stroke[1]

AF as a Cause of Stroke

National Data

- 18% patients presenting with stroke are in AF at presentation[2]
- This equates to 16,000 strokes, of which **12,500 are thought to be directly attributable to AF[2]**
- AF is therefore directly responsible for 14% of all strokes[2]
- The annual risk of stroke is 5-6 times greater in AF patients than in people with normal heart rhythm[2]
- Warfarin is highly effective in preventing stroke in AF, reducing risk of stroke by 64% compared to placebo[3]
- Aspirin only reduces this risk by 22%[3]
- The 2006 NICE guidance on AF costing report concluded that **46% of patients who should have been receiving warfarin were not[2]**

The BAFTA Trial[3]

- RCT of warfarin (target INR 2.5) vs. aspirin (75mg) in atrial fibrillation
- 973 patients aged 75 years and over recruited from 234 practices (mean trial age = 82yrs)
- Stroke risk was halved in the warfarin group.
- There was no increased bleeding risk with warfarin in comparison with aspirin

20 strokes prevented per 1000 patients with AF treated per year with warfarin vs. aspirin

NNT = 50 for 1 year

Warfarin protects the over 75yrs against risk of stroke associated with AF, the group with the highest incidence of stroke.

Risk of Major Haemorrhage with Age p.a.[3]

Age Range	Warfarin	Aspirin	Relative Risk
75-79	1.1%	0.8%	1.44
80-84	2.3%	2.4%	0.96
85+	2.9%	3.7%	0.77

Does my patient need warfarin?

Assessing Stroke Risk in AF patients.

CHADS2 is an easy-to-use classification scheme that estimates the risk of stroke in people with AF.

Physicians and patients could use CHADS2 to make decisions about antithrombotic therapy based on patient-specific risk of stroke[2].

CHADS2 item	Points
Congestive Heart Failure	1
Hypertension (systolic >160mmHG)	1
Age greater than 75yrs	1
Diabetes	1
Prior Stroke or TIA	2

Risk Calculation for CHADS2[2]

Total Score	Risk of Stroke	Antithrombotic Therapy Indicated
0	Low	Aspirin
1	Moderate	Warfarin or Aspirin
2 or more	High	Warfarin