

Clinical Practice Guideline for Anticoagulation Management of Atrial Fibrillation

This guideline is to inform practitioners of Standard of Care for evaluation and treatment of patients with Atrial Fibrillation, and is not intended to replace a practitioner's judgement.

Atrial Fibrillation is the most common form of arrhythmia. Atrial Fibrillation increases the risk of stroke by five times in people 65 years and older. Treatment of Atrial Fibrillation with anticoagulant therapy is known to reduce the incidence of CVA. Fifteen percent (15%) of CVAs have cardiac origin. Two-thirds of these are due to atrial fibrillation.

The benefits of anticoagulant therapy are well-documented in studies. Coumadin is the preferred medication. Aspirin is better than Placebo. Surveys show Coumadin is underutilized in patients with Atrial Fibrillation.

Patients with any high-risk factor or more than one moderate-risk factor should be prescribed an anticoagulant. High risk factors include prior stroke, transient ischemic attack or systemic embolus, history of hypertension, poor ventricular systolic function, age older than 75 years, rheumatic mitral valve disease, and prosthetic heart valve. Moderate risk factors include age 65 to 75 years, diabetes mellitus, and coronary artery disease with preserved left ventricular systolic function. Patients who have paroxysmal atrial fib, reoccurrences of atrial fibrillation or those who have been in atrial fibrillation longer than 48 hours prior to conversion to a sinus rhythm should be placed on Coumadin for one month and reevaluated by their practitioner. Strong consideration should be given prior to prescribing indefinite anticoagulation particularly in high risk patients.

There are contraindications regarding prescribing anticoagulation. Contraindications include:

- Uncorrected major bleeding disorder- thrombocytopenia, haemophilias, liver failure, renal failure
- Uncontrolled severe hypertension-systolic greater than 200mmHg or diastolic greater than 120 mmHg
- Potential bleeding lesions-active peptic ulcer, esophageal varices, aneurysm, proliferative retinopathy, recent organ biopsy, recent trauma or surgery to the head, orbit or spine, recent stroke, confirmed intracranial or intraspinal bleed
- Uncooperative/unreliable patient
- Repeated falls or unstable gait
- Concomitant use of NSAIDS-increased risk of GI Bleed-relative-try to stop NSAIDS
- Protein C deficiency- risk of skin necrosis on initiation of treatment, so caution needed

Contraindications to anticoagulants should be documented and readily visible in the patient's medical record.

Recommended Treatment Plan for Patients Age 65 or Older or Under 65 with Structural Heart Disease

1. Appropriate use of Coumadin (Warfarin) in patients with Atrial Fibrillation who do not have contraindications to Coumadin. If placed on Coumadin, INR level 2-3. Patients with INR levels not between 2-3 should have dosage adjustments. If the practitioner does not adjust dosages when the INR is not within the recommended range, there should be documentation in the patient's medical record regarding the reason adjustment was not performed.
2. Increase education of patient's regarding Coumadin (Warfarin) therapy and increase appropriate monitoring.
3. Encourage the use of diagnostic tests with echocardiography/Transesophageal Echocardiogram in patients with new onset Atrial Fibrillation.
4. Encourage the use of thyroid studies in patients with new-onset Atrial Fibrillation.

References

Ezekowitz, M., & Netrebko, P., "Anticoagulation in Management of Atrial Fibrillation". Current Opinion in Cardiology , 18:26-31, 2003.

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