

# Atrial fibrillation in general practice – NOAC vs VKA

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The number of patients with atrial fibrillation is increasing with the ageing population. In atrial fibrillation NOACs (Non-vitamin K oral anticoagulants) are the new drugs of choice for most of our patients, replacing VKA/warfarin.

Economical resources are limited in general practice in Denmark and wise use of money and human resources is necessary.

Regulation of VKA dose is rather complicated and dependent on professional experience, requiring instruction and education of doctors/employees.

Fewer check-ups are needed with NOACs - saving time for doctors/ employees and thereby money for the public social security in Denmark.

In this small study in our clinic we looked at

- the number of patients with atrial fibrillation
- the quality of treatment and yearly status and correct billing/charge.
- which medication did the patients receive?
- do the patients accept a change in medication from VKA to NOAC?

# WHY NOACs in stead of warfarin?

## Patient perspective

Less time spent on check-ups  
No food restrictions  
Simple = same dose every day  
Lower risk of intracranial bleeding

Higher economical costs for ptt  
Risk of side effects  
Feeling less secure without check-up

## Doctor/society perspective

Saving human ressources in clinic  
- employees can perform other tasks  
Lower economical costs for society  
Coordination of yearly check-ups

Lower income in clinic – if time is not used for other tasks  
New drug – new routines for dosage information, check-up, contraindication

5189 LISTED PATIENTS

Search for diagnosis atrial fibrillation

219 PATIENTS WITH ATRIAL FIBILLATION

Type of medication?

3 patients: no treatment  
- young age  
- pts choice  
- ablation treatment

186 patients (85%)  
receiving  
NOACS

33 patients receiving (15%)  
VKA/warfarin

Appointment with doctor

13 changed to NOAC

20 continuing warfarin

3 with side effects

+3 warfarin

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## Out of 33 patients treated with VKA/warfarin

- 12 patients had (time in therapeutic interval ) TTI < 70 % during the last year (mostly INR higher than 2,5)
- 4 patients was not tested for diabetes or hyperlipidemia in one year
- 10 patients had no listed blodpressure measurement in one year
- 6 patients with no ECG in one year
- In 12 patients no notes were made in file concerning functionel level and symptoms during exercise.
- In 20 patients we did not charge for yearly status check-up (0120)
  - 7 of these had other cronic morbidities for which we charged 0120 status)

# Result and discussion

- The major part of our patients with AF was treated with NOACS (85%)
- All though warfarin treated patients were seen often for INR measuring in our clinic, the TTI was not as high as recommended.
- Yearly status was rather often missed and the right billing was missing in many of these patients all though the work was done. Often these patients were seen with co-morbidities.
- New employees in our lab may be part of the explanation in joint venture with low doctor awareness on status control and billing.
- Though NOACS are the new drugs of choice not all patients are suited for - or wish to - change from VKA

## Contraindications to NOACs

- Mechanical heartvalve
- ↓↓ kidney function
- ↓↓ liver function
- Antifungal treatment with azol  
(f.i. ketokonazol, itraconazol )

## Other reasons for not using NOACs

- Patient well treated with VKA
- Sideeffects to NOAC treatment
- Higher costs for patient
- Pt feeling uncomfortable with fewer check-ups and/or needing time to consider

Thank you for your attention

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