

## PROJECT FACT SHEET

### Is there a care gap in the treatment of atrial fibrillation?

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Does a “care gap” exist in the treatment of atrial fibrillation patients in Nova Scotia?

Atrial fibrillation (AF) – rapid, irregular beating of the atria, the two upper chambers of the heart – increases the risk of a stroke. An anticoagulant – medication that impairs the ability of the blood to form clots that could lead to a stroke – can substantially reduce the risk and is the preferred treatment. Evidence suggests a sizable percentage of AF patients who might benefit from anticoagulation are not receiving it, leading a team of investigators in the Department of Family Medicine to investigate if a care gap in treatment exists.

The team measured this care gap, exploring with patients and physicians the clinical and individual reasons that account for treatment choices. They found that anticoagulation of patients with AF is much closer to the optimal level than previously thought. Half of those not receiving anticoagulants either had valid reasons for not taking them, had declined treatment, or had started treatment after the project began. One obstacle facing AF patients is the challenge of getting to a lab for blood collection or having their blood drawn at their homes for delivery to a lab. Home-based services to help patients needing transportation could overcome that barrier for some elderly and rural Nova Scotians.

The untreated patients included those who refused treatment. For others, in the clinical judgment of the treating physician, the benefits did not outweigh the risks to the individual. Obstacles to anticoagulation include drug interactions, patient aversion to “rat poison” (Warfarin, a leading anticoagulant, was initially marketed for eradicating this rodent), and grey areas in diagnosis. Facilitators of anticoagulation included doctors spending adequate time discussing anticoagulation in depth, a person’s fear of stroke, good working relationships between family physicians and consultants (cardiologists and general internists), and the Improving Cardiovascular Care in Nova Scotia (ICONS) project.

The team recommends evaluating the role of other health care providers, such as nurses, to educate patients on the pros and cons of anticoagulation therapy. Atrial fibrillation or anticoagulant clinics are not needed to achieve a high proportion of patients treated with warfarin, but they could instead focus on assisting people with unusual difficulties with anticoagulation. Aids aimed at staying on long-term anticoagulant therapy could be developed and evaluated.

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