

Janice Charles
Ying Pan
Graeme Miller

Atrial fibrillation

Changes 2000 to 2009

Keywords: atrial fibrillation; therapy



From April 2000 to March 2001 in BEACH (Bettering the Evaluation and Care of Health), atrial fibrillation (AF) was managed at a rate of 0.6 per 100 encounters, suggesting it was managed by general practitioners about 578 000 times per year nationally. From April 2008 to March 2009, AF was managed at more than double the earlier rate, 1.3 per 100 encounters, suggesting it was now managed by GPs about 1.5 million times per year nationally.

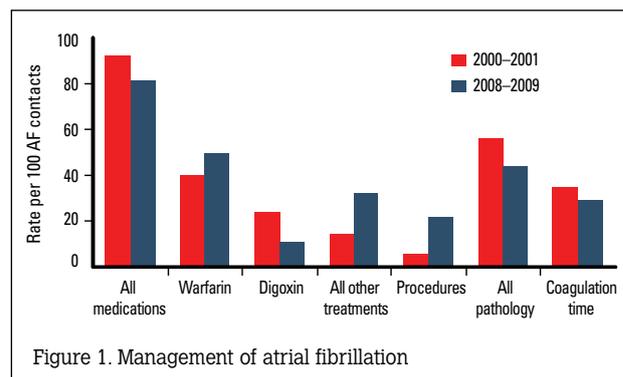
In both time periods, AF was significantly more likely to be managed among male patients than among female patients. In 2000–2001 male patients were managed for AF at a rate of 0.8 per 100 encounters, and females at a rate of 0.4. In 2008–2009, the rates were 1.7 per 100 encounters for males and 1.0 per 100 for females. As would be expected, patients were more likely to be in the older age groups, with the highest management rates (2.4 per 100 encounters in 2000–2001, and 4.9 in 2008–2009) recorded for patients aged 75 years and over. The most common other problems managed with AF were hypertension, diabetes and heart failure. The management rates of hypertension and diabetes did not change between the two study points, but heart failure showed a marginally significant decrease in 2008–2009 (4.5 per 100 AF encounters) compared with 8.0 per 100 in 2000–2001.

Management of atrial fibrillation

Medications were prescribed at a rate of 92 per 100 AF problems managed in 2000–2001 and 81 per 100 in 2008–2009. This result did not reach statistical significance but changes were found in individual medications. Warfarin was the most commonly prescribed, at a rate of 40 per 100 AF problems managed in 2000–2001 and at the marginally higher rate of 50 per 100 in 2008–2009. Digoxin was the second most commonly prescribed medication, at 24 per 100 AF problems managed in 2000–2001 and at the significantly lower rate of 11 per 100 in 2008–2009.

Other treatments for AF rose significantly between the two periods. In particular, procedures undertaken by the GP, rose from six per 100

AF problems managed in 2000–2001 to 22 per 100 in 2008–2009. This was principally due to the introduction of point of care testing (PoCT) between the two study periods. International Normalised Ratio (INR) tests were not performed by the GP in 2000–2001 but were recorded at a rate of 19 per 100 AF problems managed in 2008–2009. Electrocardiograms were recorded for five in every 100 AF problems in 2000–2001 and two per 100 in 2008–2009 (Figure 1).



The advent of PoCT did not bring about a statistically significant decrease in pathology ordering rates: 56 per 100 AF problems managed in 2000–2001 and 44 per 100 in 2008–2009. Coagulation tests were the most common, accounting for about two-thirds of pathology ordering in both time periods. Referrals, most of which were to cardiologists, were provided at a low rate of five per 100 AF problems and the rate did not change between the two periods. Imaging tests were rarely ordered.

Authors

Janice Charles, Ying Pan and Graeme Miller, Australian GP Statistics & Classification Centre, University of Sydney, New South Wales.

Conflict of interest: none declared.

Acknowledgments

The authors thank the GP participants in the BEACH program and all members of the BEACH team. Financial contributors to BEACH in 2000–2001 and 2008–2009: Australian Government Department of Health and Ageing; Australian Institute of Health and Welfare; National Prescribing Service; AstraZeneca Pty Ltd (Australia); Janssen-Cilag Pty Ltd; Roche Products Pty Ltd; Merck, Sharp and Dohme (Australia) Pty Ltd; Pfizer Australia; Abbott Australasia; Sanofi-Aventis Australia Pty Ltd; Wyeth Australia Pty Ltd.

correspondence afp@racgp.org.au