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Atrial fibrillation in Australian general practice

The BEACH program is a continuous national study of general practice activity in Australia. This article provides an analysis of the encounters where atrial fibrillation was managed from April 2004 to March 2006. This synopsis provides a backdrop against which articles in this issue of *Australian Family Physician* can be further considered.

Atrial fibrillation (AF) was managed 1729 times at the 197 000 encounters recorded between 2004 and 2006, at a rate of 0.9 per 100 encounters (Figure 1). This represents an average of approximately 834 000 encounters at which AF was managed in general practice across Australia in any 1 year. Among arrhythmias, AF was managed significantly more than other cardiac arrhythmia (n=253) and paroxysmal tachycardia (n=106), making it an appropriate selection for this article.

Gender and age of patients

Male patients were over represented at AF encounters, accounting for 53% of the patients compared with 41% average at all BEACH encounters. Patients were also significantly older than average, with 55% aged 75 years and over (compared with 14.6% in total BEACH). This reflected the steady inverse in the age specific management rate of AF from 0.5 per 100 encounters with patients aged 45–64 years, 2.0 per 100 with those aged 65–74 years, and 3.0 per 100 with patients aged 75 years and over.

Reasons for encounter

Prescription requests accounted for 14.5% (26 per 100 AF encounters) of all patient reasons for encounter. Blood tests, test results, cardiac check up and general check up were other common reasons for encounter.

Other problems managed

Hypertension was the most commonly managed comorbidity, at a rate of 17 per 100 AF encounters. This

was followed by diabetes (7 per 100 encounters) and lipid disorders (5 per 100 encounters).

Medications

There were 1490 medications prescribed/advised for over-the-counter purchase/supplied by the general practitioner, at a significantly higher rate (86 per 100 AF problems managed) than the BEACH average (70 per 100 problems). Prescribed medications made up 98% of all AF medications. Warfarin sodium was most commonly prescribed (44 per 100 AF problems) and accounted for more than 50% of the total prescribed medications for AF. Digoxin was prescribed at a rate of 14 per 100 problems, and sotalol at a rate of 5 per 100 problems.

Other treatments

The rate of nonpharmacological treatments provided (including clinical and procedural treatments) was significantly lower in the management of AF (17 per 100 AF problems) than the average in BEACH 2005–2006 (30 per 100). Advice/education medication was the most common clinical treatment (35% of total treatments) and electrical tracings (eg. electrocardiogram) were the most common procedural treatment (11% of total treatments) undertaken by the GPs.

Referrals

The average referral rate for BEACH in 2005–2006 was 8 per 100 problems managed. Patients with AF were referred at a rate of 6 per 100 AF problems, with 85% of these being to cardiologists.

Pathology and imaging orders

The pathology test ordering rate of 82 per 100 AF problems was far higher than the average for BEACH (25 per 100). Coagulation studies were the most commonly ordered test, at a rate of 62 per 100 AF problems. A drug screen, which includes testing for digoxin levels, was ordered for 4 per 100 AF problems managed.

The imaging order rate of 1.5 per 100 AF problems (n=26)

was significantly lower than the BEACH average of 6 per 100 problems. Echocardiography was the most common imaging test ordered, at a rate of 0.8 per 100 AF problems, and chest X-rays were ordered at a rate of 0.5 per 100 AF problems.

Conflict of interest: none declared.

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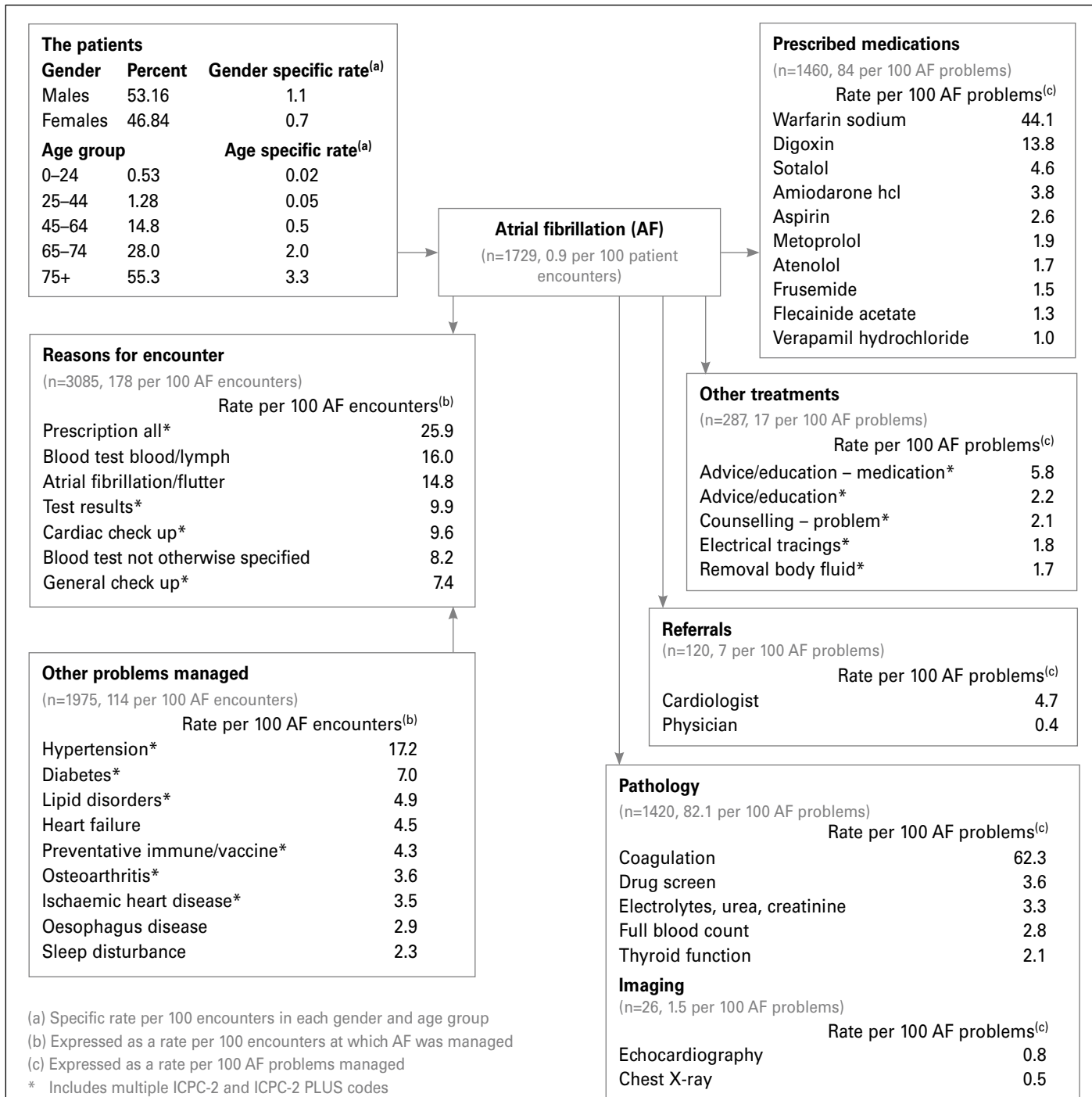


Figure 1. Content of encounters at which atrial fibrillation was managed