

CHALLENGES IN THE MANAGEMENT OF ATRIAL FIBRILLATION: Results from a National Educational Needs Assessment

BACKGROUND

Atrial fibrillation (AF) is a common form of sustained arrhythmia.

The literature indicates that there may be a lack of clarity surrounding strategies to manage patients with AF because of:

- Limited efficacy and frequent adverse effects of current pharmacotherapies [1]
- The presence of knowledge, skills and competency gaps [2, 3]

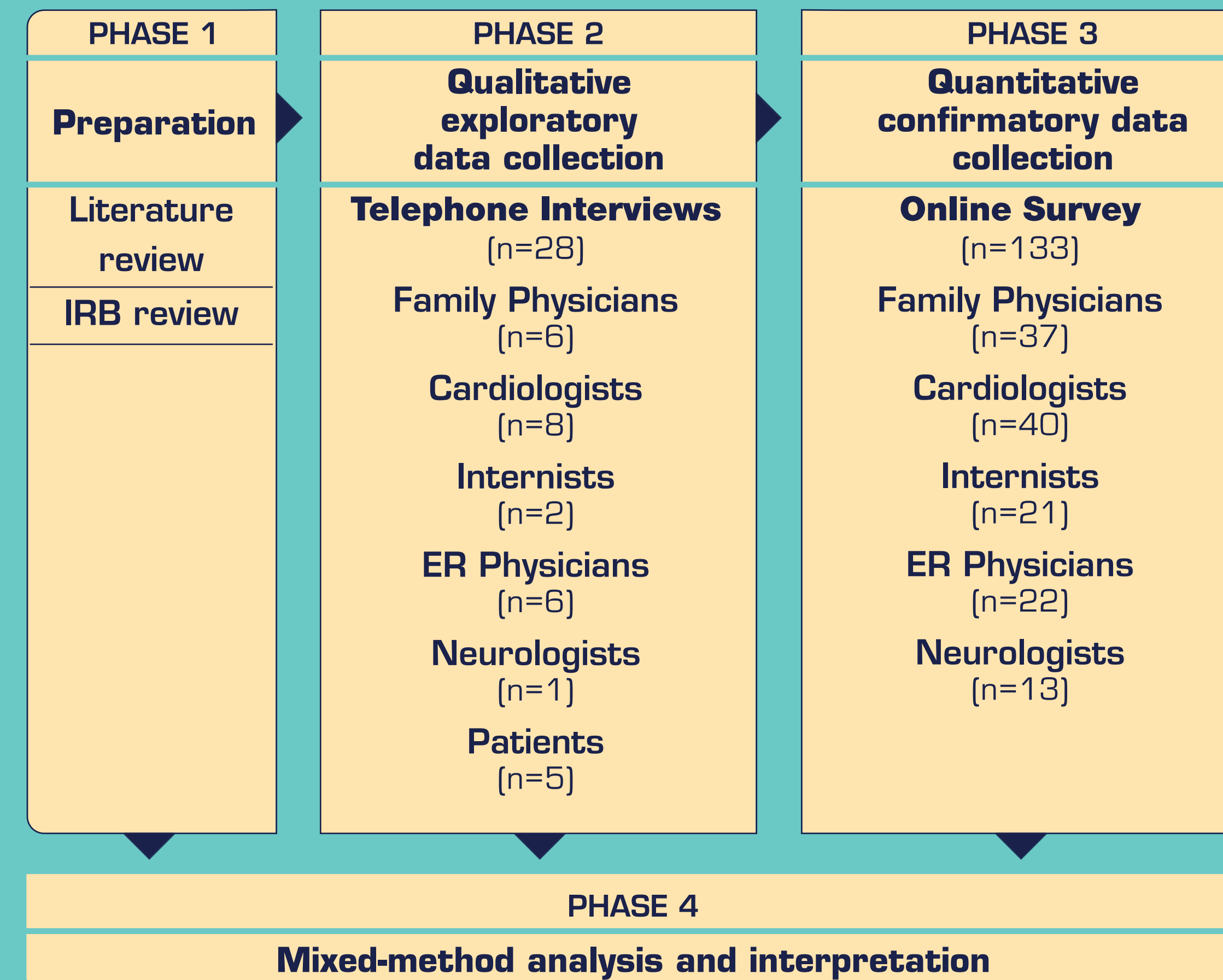
Gap: the difference between existing evidence-based best practices (“what should be”) and the actual care being delivered in everyday practice (“what is”).

OBJECTIVE

To determine potential gaps in the perceived knowledge, skills and competencies of Canadian physicians caring for patients with AF.

METHODS

National IRB-approved needs assessment, using a mixed-method (qualitative and quantitative) design [4, 5]:



RESULTS

Gaps and barriers were identified across the continuum of care involving screening, diagnosis, referral, treatment, and management, and in collaboration and communication competencies [6]. This poster presentation focuses on identified management issues.

1- Physicians struggle to consider all comorbidities in their management plan of AF-associated stroke risk

“Usually it’s not just AF, you have to see if there’s and often there is, usually coexisting diabetes or, which is a big thing; high blood pressure, coexisting cerebral cardiovascular risk factors (...) it’s usually prevention of multiple reasons for stroke. It’s usually not just AF.”

– Neurologist

2- Physicians do not always effectively involve the patient in their management plan

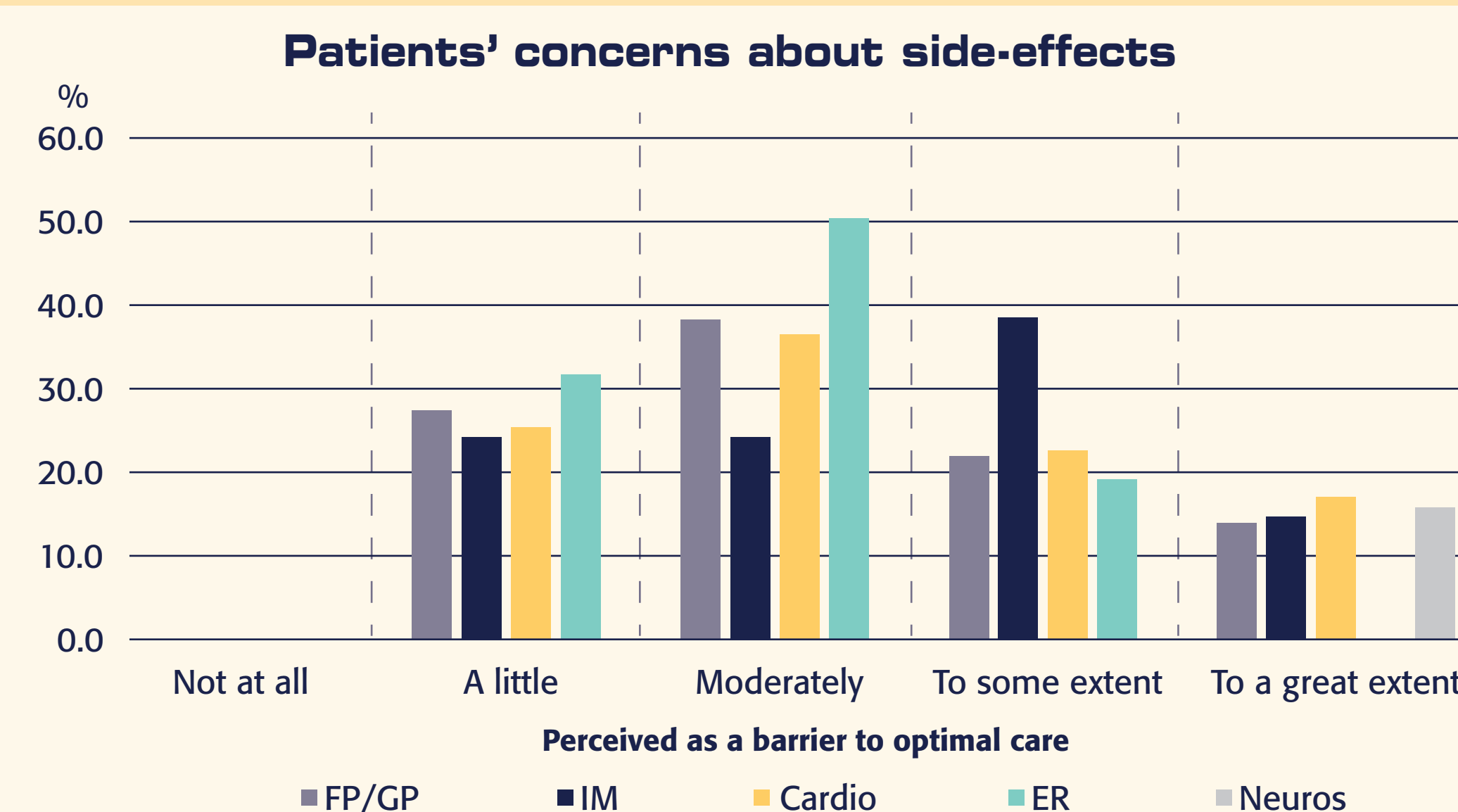
[How involved were you in the selection of your treatment?]

“I wasn’t. The only way I was involved was that I had to do it!”

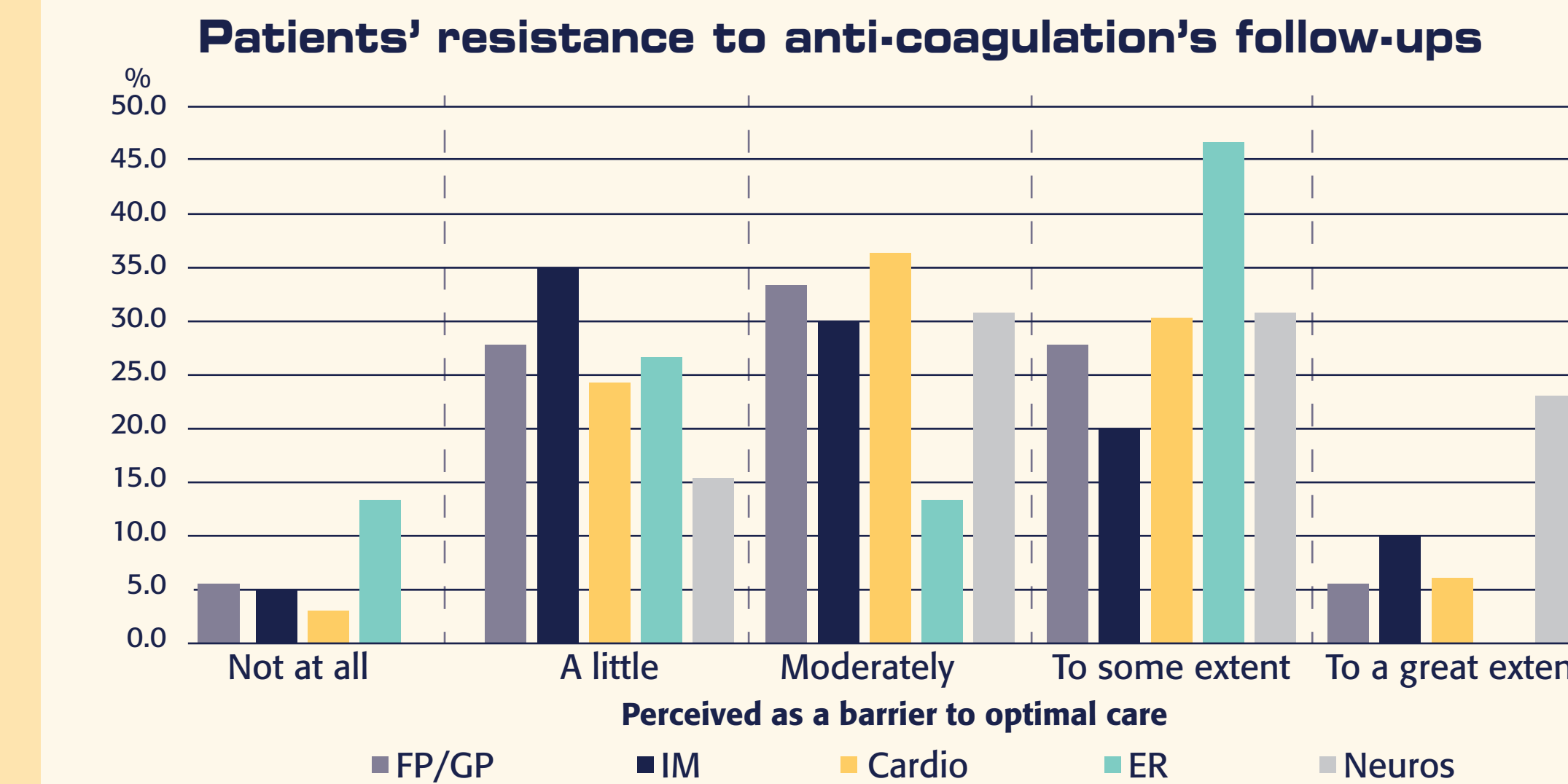
– Patient

3- Physicians perceive patients’ concerns and resistance as barriers

- Patients’ concerns about side-effects were identified as a barrier by 74.8% of physicians



- Patients’ resistance to the systematic follow-ups associated with anti-coagulation was identified as a barrier by 68.4% of physicians
- Possible underlying cause: lack of communication skills to manage patients’ fears



4- Lack of easily accessible and relevant patient education material

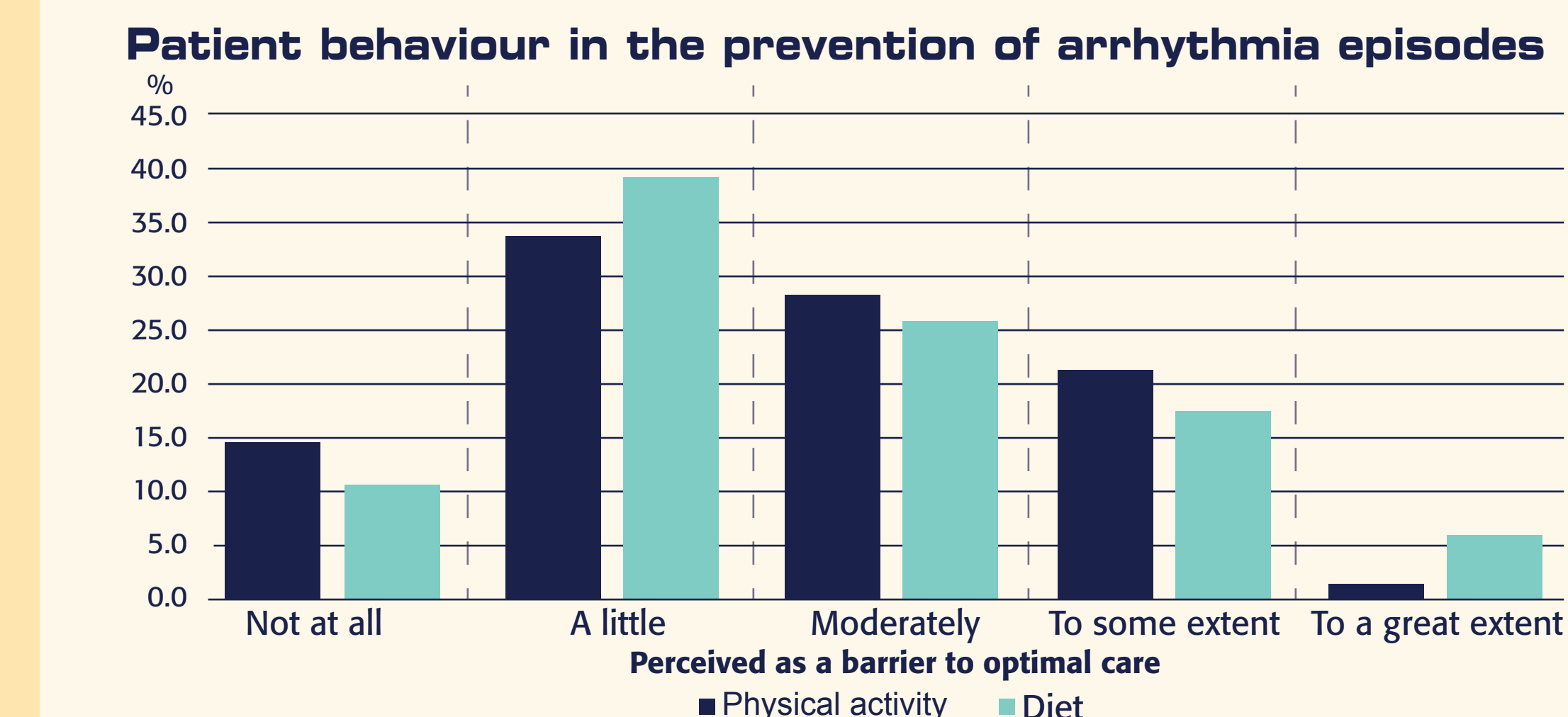
- Identified as a barrier by 71.1% of physicians

“If we had a sort of a layman’s sort of set of slides that sort of gives a layman’s approach to what, what this rhythm is and what it means, what, what organic heart disease is; what the drugs mean, what the drugs are, what they do; (...) I think that would be useful.”

– Cardiologist

5- Inconsistencies in physicians’ perception of the role of physical activity and diet in the prevention of arrhythmia episodes

- Possible underlying causes: Lack of knowledge; contradicting evidence in the literature



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CONCLUSION

Findings indicate that gaps exist across the entire continuum of care, including the management stages of AF. Results from this study provide direction for solutions through physician education and professional development.

[1] Schmidt C, Kesselbeck J, Schweizer PA, Katus HA, Thomas D. The pathology and treatment of cardiac arrhythmias: focus on atrial fibrillation. *Vasc Health Risk Manag* 2011;7:193-202.
 [2] Prysnowsky EN, Camm J, Lip GY et al. The impact of new and emerging clinical data on treatment strategies for atrial fibrillation. *J Cardiovasc Electrophysiol* 2010;21:946-58.
 [3] Kowey PR, Breithardt G, Camm J et al. Physician stated atrial fibrillation management in light of treatment guidelines: data from an international, observational prospective survey. *Clin Cardiol* 2010;33:172-8.
 [4] Chatterji M. Evidence on “what works”: An argument for extended-term mixed method (ETMM) evaluation designs. *Educ Res*. 2005;34:14-24.
 [5] Johnson RB, Orwogbuzie AJ. Mixed methods research: a research paradigm whose time has come. *Educ Res*. 2004;33:14-26.
 [6] Murray S, Lazure P, Pullen C, Maltais P, Doran P. Atrial fibrillation care: challenges in clinical practice and educational needs assessment. *Can J Cardiol* 2011;27(1):98-104.