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Practice Gap in Atrial Fibrillation Oral Anticoagulation Prescribing at Emergency Department Home Discharge

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Abstract

Current cardiology guidelines recommend oral anticoagulation (OAC) to reduce stroke risk in selected patients with atrial fibrillation (AF), but no formal AF OAC recommendations exist to guide emergency medicine (EM) clinicians in the acute care setting. We sought to characterize emergency department (ED) OAC prescribing practices after an ED AF diagnosis. This retrospective study included index visits for OAC-naïve patients ≥ 18 years old who were discharged home from the ED at an urban, academic tertiary hospital with a primary diagnosis of AF from 2012-2014. Five hypothesis-blinded chart reviewers abstracted data from patient problem lists and medical history in the electronic health record to assess stroke (CHA₂DS₂-VASc) and bleeding risk (HAS-BLED). The primary outcome was the provision of an OAC prescription at discharge in OAC-naïve patients with high stroke risk. Descriptive statistics and multivariable logistic regression assessed associations between OAC prescription and patient characteristics. We included 138 patient visits in our analysis, of whom 39.9% (n=55) were low stroke risk (CHA₂DS₂-VASc=0 in males and 1 in females), 15.9% (n=22) were intermediate-risk (CHA₂DS₂-VASc=1 in males), and 44.2% (n=61) were high-risk (CHA₂DS₂-VASc ≥ 2). Of patients with high stroke risk and low-intermediate bleeding risk (n=57), 80.7% were not prescribed an OAC at discharge. Cardiology consultation and female sex, but not stroke risk (CHA₂DS₂-VASc score), were predictors of an ED provider prescribing an OAC to an OAC-naïve AF patient at ED discharge. The majority of OAC-eligible patients were discharged home without an OAC prescription. In OAC-naïve patients discharged home from the ED, cardiology consultation and sex were predictive of OAC prescription. Our findings suggest that access to expert opinion improves provider comfort with OAC prescribing and highlight the need for improved guidelines specific to ED-management of AF.

