

Pharmacist-led Support in Optimising Cardiovascular Risk in Patients with Atrial Fibrillation

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Introduction

Patients with atrial fibrillation (AF) are at high risk of cardiovascular complications such as stroke. Anticoagulation therapy is the gold standard treatment which can reduce the risk by 60%.¹ However the rate of eligible patients on anticoagulation remains suboptimal as is their control of blood pressure (BP) and lipids.

Aim

To assess the impact of a specialist pharmacist working as part of a multidisciplinary team on the improvement of anticoagulation, BP and lipid control as part of medicines optimisation in AF-patients.

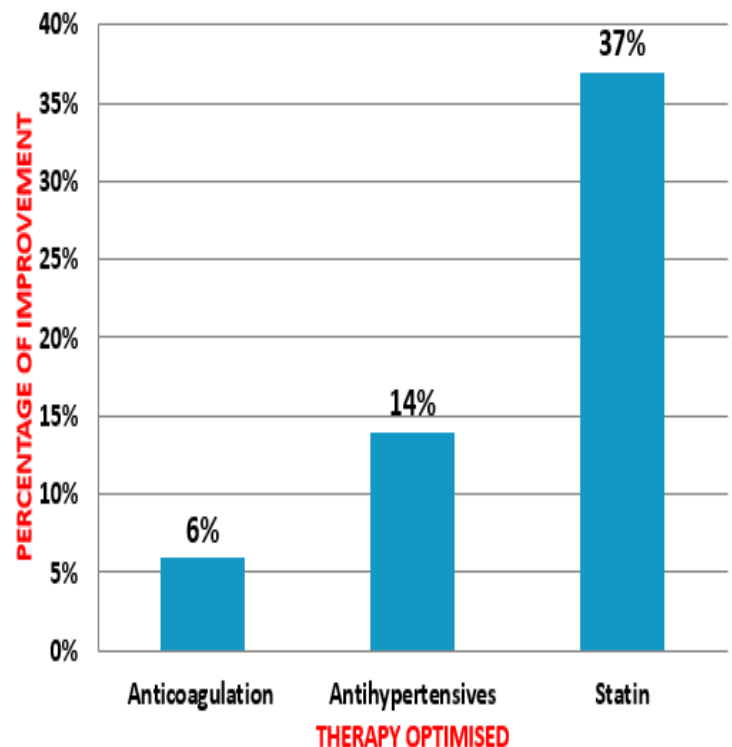
Methods

The independent prescribing pharmacist reviewed 44 general practice 'AF-registers' over a year and assessed AF-patients for the eligibility of anticoagulation, BP and lipid optimisation as per national guidance. The pharmacist review was based on confirmation of AF diagnosis, CHA₂DS₂VASc risk stratification, clinical records and blood results. When anticoagulation was indicated, patients were either initiated on anticoagulation within the general practice in a joint GP-Pharmacist consultation or if complex, discussed as part of a multi-disciplinary team (MDT) for suitability. The pharmacist provided evidence-based recommendations to primary care physicians after BP and lipid reviews.

Results

Among 2774 AF-patients with a CHA₂DS₂VASc score >2, the rate of anticoagulation was 77% at baseline. After Pharmacist review, there was an improvement in AF patients receiving anticoagulation by 6%, with a reduction of 138 patients no longer receiving aspirin. An additional 1102 (37%) patients received a statin and 477 (14%) patients had their BP optimised.

Figure 1: Improvement of Therapy



Conclusion

Utilising pharmacists as part of the MDT in primary care practices, showed a promising increase (6%) in appropriate anticoagulation as well as antihypertensive and statins. This patient pathway also allowed quicker access to medicines by avoiding referrals to secondary care and treating patient closer to home. Feedback from both primary care physicians and patients was positive. Future development includes primary care educational tools to support initiation of anticoagulation and integration of community pharmacists to support patients' adherence. The benefits of the work have led to the Sustainability and Transformation Partnership (STP) to extend the programme to improve outcomes across a wider area.

References

1. Kirchhof P, Benussi S, Kotecha D, et al. ESC Guidelines for the management of atrial fibrillation developed in collaboration with EACTS. *Eur Heart J.* 2016;37:2893-2962.

