

Overview of NICE AF Guidelines and Their Impact on Anticoagulation Services

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Dr Cowan gave an overview of the NICE AF Guideline revisions and the major implications that these will have for anticoagulation services.

Discussing the reasons why the revisions were needed, Dr Cowan highlighted the under-use of anticoagulants in AF patients. This has been illustrated by the use of the GRASP-AF software which was set up to interrogate GP systems to identify high risk AF patients who were not currently anticoagulated. It is estimated that approximately half of the high risk patients (around 170,000 nationally) were not being treated.

A Sentinel Stroke Audit undertaken by the Royal College of Physicians in 2013 also highlighted the under-use of anticoagulants in patients with AF who had presented with stroke and determined that by treating these high risk and AF patients, around 3,000-6,000 strokes per year could potentially be prevented.

An important part of the guidelines is a focus on patient empowerment. A Patient Decision Aid is provided to enable the patient to look at both the risks and benefits of anticoagulation therapy so that they can play a part and make an informed decision about their treatment.

The guidelines do not go into the pros and cons of Warfarin versus NOACs, as this issue has been covered under previous guidance. The guideline does however emphasise the importance of in-depth discussions with the patients on choice of anticoagulant.

The most significant single pivotal change in the guidelines is the withdrawal of the previous endorsement of aspirin for AF patients. Other significant changes include a lowering of risk for which anticoagulants are recommended and the recommendation that quality of anticoagulation should be assessed in patients taking warfarin. In September, NICE additionally published guidance on the topic of self-testing which has, for the first time, endorsed the self-monitoring option.

The greatest barrier to increased anticoagulant uptake is an understandable concern about safety. With such high risk medications, Physicians are naturally concerned lest the therapy they initiate causes a serious bleed. However, the 2014 guidance represents a paradigm shift towards anticoagulation being the 'norm' - 84% of AF patients have a CHADS₂VASC above 2 and so should be anticoagulated as standard.

So what is the potential increase in numbers as a result of the new guidance? Currently, 500,000 patients are receiving anticoagulant therapy for AF. Taking into account those patients currently undertreated together with the recommendations of the new guideline, it is estimated another 250,000 will require anticoagulant therapy for AF.

In conclusion, the new NICE guidance helps address poor uptake of anticoagulation in AF in a number of ways:

- Simplification of algorithms
- Removal of aspirin
- Change of paradigm so that anticoagulation is regarded as the norm
- Involvement of the patient in decision making
- Greater accessibility to NOACs

- Identify low TTRs in warfarin patients and promoting change to NOACs
- Annual review of all patients with AF

In addition there is a need for CCG commissioners to address arrangements for commencing anticoagulation and choice of anticoagulant. In order for effective education and discussion with patients to take place about this, sessions of around 30 minutes per patient would be required and commissioners will need to understand this.