

NOACs in AF and How DAWN Can be Used to Identify Patients with Poor TTR

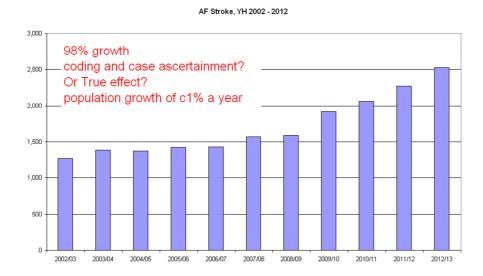
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Sue is the lead anticoagulation nurse at North Bristol and is passionate about improving the management of both VTE and stroke.

Highlighting Atrial Fibrillation's (AF) prevalence as a significant yet preventable cause of stroke, a number of key statistics were provided:

- 15% of all stroke deaths are attributed to AF
- 150,000 strokes per year across the UK
- 18,000 strokes per year across the South East of England
- £12,000 cost of the first year caring for a stroke patient
- £6,000 annual cost of caring for stroke patient after the first year
- 186,650 people living with AF in the South East of England (that we know about!)
- Incidence of AF is predicted to rise

Long term trends in AF stroke



Whilst there has been increasingly more attention given to AF over recent years, including various educational events, the introduction of the GRASP-AF tool and new NICE Guidance (2014), improvements are still needed in the diagnosis and management of AF.

With the aim of reducing AF related stroke by identifying patients with AF and anticoagulating them seamlessly across secondary and primary care, a model has been identified that incorporates the GRASP –AF tool and DAWN AC to identify both patients with AF and those who are currently anticoagulated but unstable. GPs will then be able to anticoagulate patients identified as having AF and also review the anticoagulation therapy of patients who are unstable with the view to improve %Time in Therapeutic Range and/or transfer patients to Novel Oral Anticoagulants (NOACs).

It is hoped that this new model will be implemented soon. (Being initiated by the West of England Health Academic Health Science Network and supported by pharma).

NOAC prescribing in the South West (BNSSG) is relatively high compared to the national average and continues to grow:

