





ADDRESSING UNMET NEEDS IN MANAGING AF ACROSS THE GLOBE

HELEN WILLIAMS FFRPS, MRPHARMS, PGDIP (CARDIOL) IPRESC

CONSULTANT PHARMACIST FOR CVD, SOUTH LONDON

CLINICAL LEAD FOR ATRIAL FIBRILLATION, HEALTH INNOVATION NETWORK

IS THERE UNMET NEED?

AF Strokes in England

Source: SSNAP 2014

AF is a major risk factor for stroke and a contributing factor to one in five strokes. Treatment with an oral anticoagulant medication (e.g. warfarin) reduces the risk of stroke in someone with AF by two thirds.

Strokes in people with known AF in 2014/15:

14,979

Strokes in people with known AF not on anticoagulation:

8.831

on admission with stroke

AF Strokes: Outcome after discharge in people NOT anticoagulated before their stroke in England

Source: SSNAP 2014

Completely independent:

No significant disability despite symptoms from the stroke:

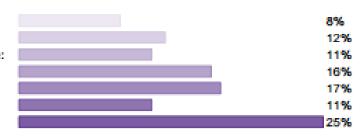
Slight disability, unable to carry out all usual activities, but able to look after own affairs without assistance:

Moderate disability, needing some assistance, but able to walk independently:

Moderately severe disability, unable to walk or care for self without assistance:

Severe disability, bedbound and needing constant nursing care and attention:

Dead:



25% patients
died, 44%
patients left with
moderate to
severe disability

59% patients with known AF

not

anticoagulated

AND ACROSS EUROPE...

 "There are approximately 360,000 new cases of AFrelated stroke every year in the EU – and many of these can be prevented through appropriate anticoagulation therapy, thereby avoiding considerable morbidity, death and costs to society."

(Eve Knight, Chief Executive of AntiCoagulation Europe)



EXECUTIVE ROUTE MAP EUROPEAN
SUMMARY FOR CHANGE REFERENCES ATLAS

The Route Map for Change & the European Atlas on the Prevention of **AF-Related Stroke**

Professor John Camm Professor of Clinical Cardiology. St. George's University of London, United Kingdom

Trudie Lobban MBE FRCP Atrial Fibrillation Association and Arrhythmia Alliance



AntiCoagulation Europe



and Ed Harding of SHW Health Ltd. under the guidance of a steering committee composed of Professor John Camm. Trudie bban, MBE, and Eve Knight. SHW Health and the members of the steering committee received fees from the Pfizer/BMS alliance to support the development of this document. None of the external contributors to the report received financial compensation in relation to this project. The steering committee had the final editorial say regarding the report con

http://www.anticoagulationeurope.org/files/files/Interactive%20R oute%20Map%20for%20Change%2011Nov14%20final.pdf

A treatment gap of up to 40% in many countries, with significant variation between countries and across local settings

- Across Europe, a large proportion of AF patients do not receive OAC therapy despite quideline recommendations:
 - Up to 40% of AF patients do not receive. OAC therapy in 13 out of 20 countries where data are available. \$1,52,62-60,68-60
 - Up to 40% of high risk patients do not receive OAC therapy in 8 out of 15 countries where data are available \$2,57,61,72,77,82,91-98
- There is general over-reliance on aspirin. despite evidence that it is ineffective at preventing AF-related stroke.27
- There is under-treatment of patients at greatest risk of stroke^{62,70,91,92} as well as and over-treatment of patients who are not at increased risk of stroke. Six SECTEMBERS
- Older patients, particularly older women, are most likely to be under-treated, despite being at greater risk of stroke. Noncomment

RATES OF ANTICOAGULATION ACROSS EUROPEAN COUNTRIES

Country	% ALL AF on OAC	% high risk AF on OAC
France	51%	No data
Germany	60-83%	70%
Ireland	No data	59%
Netherlands	69%	87%
Poland	39-50%	15%
Portugal	34-41%	No data
Spain	52-84%	57-59%
UK	56%	51%

OAC UPTAKE IN THE REAL WORLD UK WHERE ARE WE NOW?



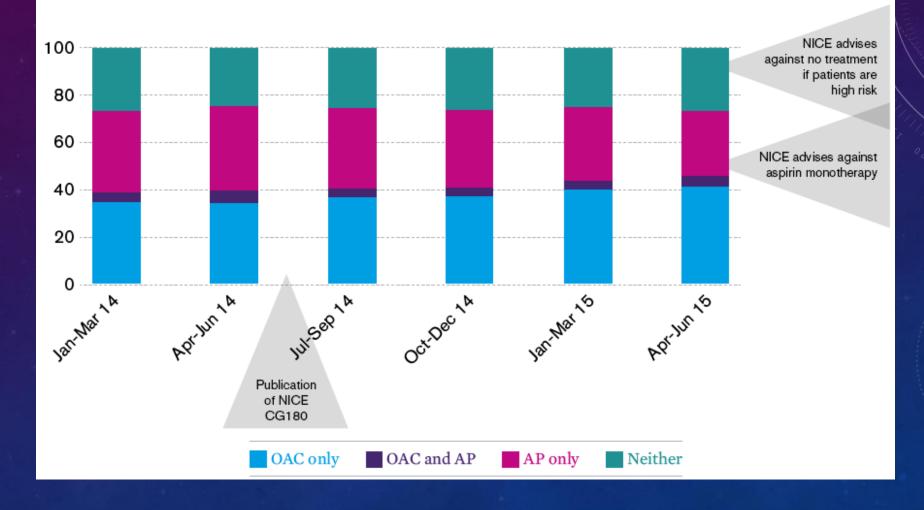
- NOAC uptake and variation
 - Vs warfarin
 - National and local patterns
- Impact of NICE CG181

In 2014:

 1290 patients admitted to London hospitals with stroke and known AF prior to admission –
 812 (63%) were not prescribed anticoagulant therapy.¹

prevention of the related stroke

Prior treatment of patients with known AF on admission for stroke 2014-15 SSNAP data show little change since NICE CG180

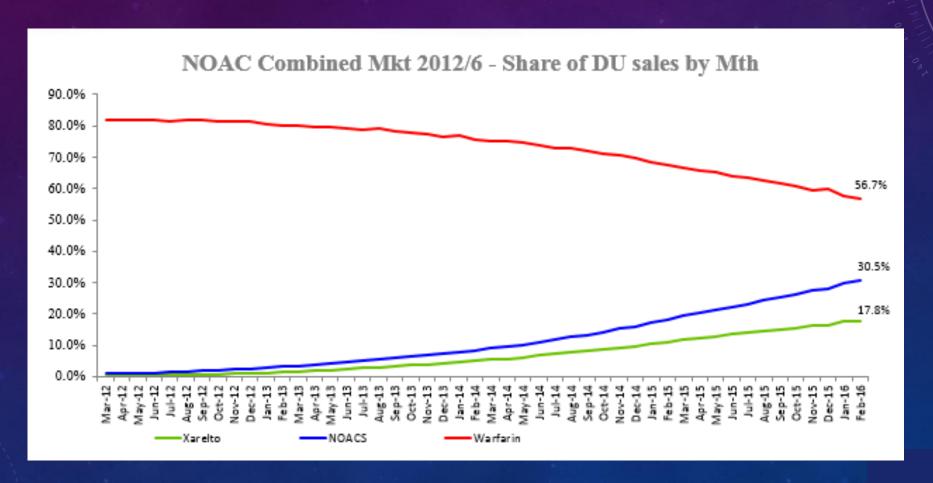


One year after the publication of NICE CG180, between April and June 2015, considering patients admitted to hospital with a stroke who had known AF:



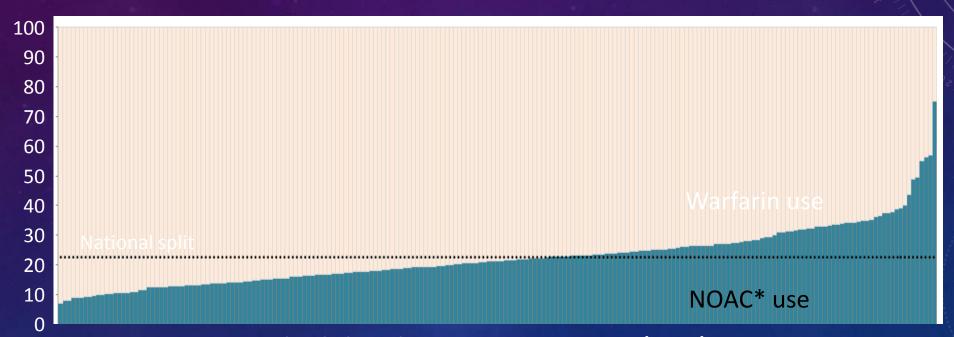


CHANGING MARKET SHARE OF NOACS VS WARFARIN IN THE UK OVER TIME



NOAC USE ACROSS ENGLAND (2015)

Proportion of OACs (%), Oct-Dec 2015

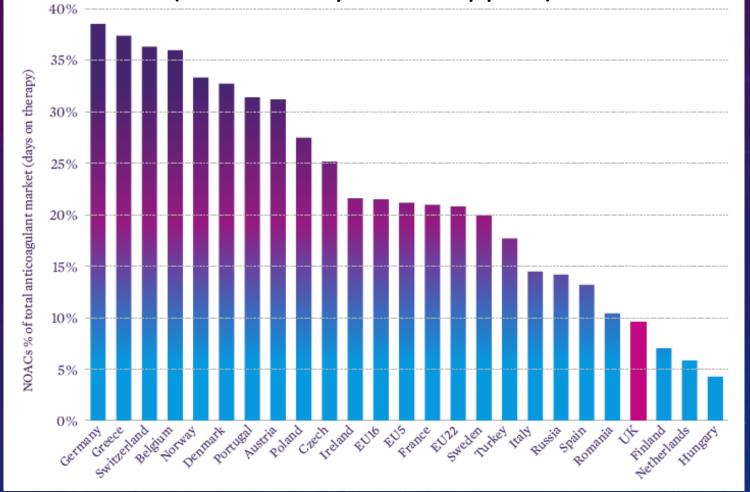


NHS England Clinical Commissioning Groups (CCGs)

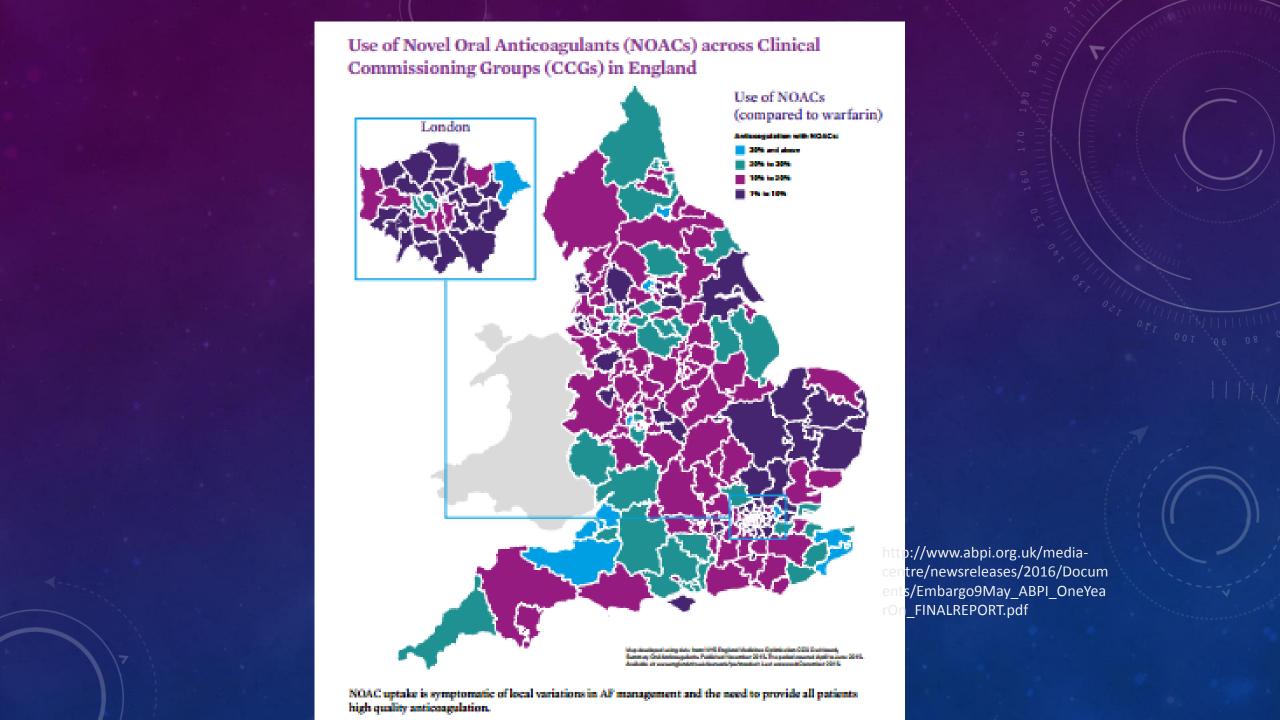
Medicines Optimisation Dashboard (May 2016)
https://www.england.nhs.uk/ourwork/pe/mo-dash/ (accessed May 2016)

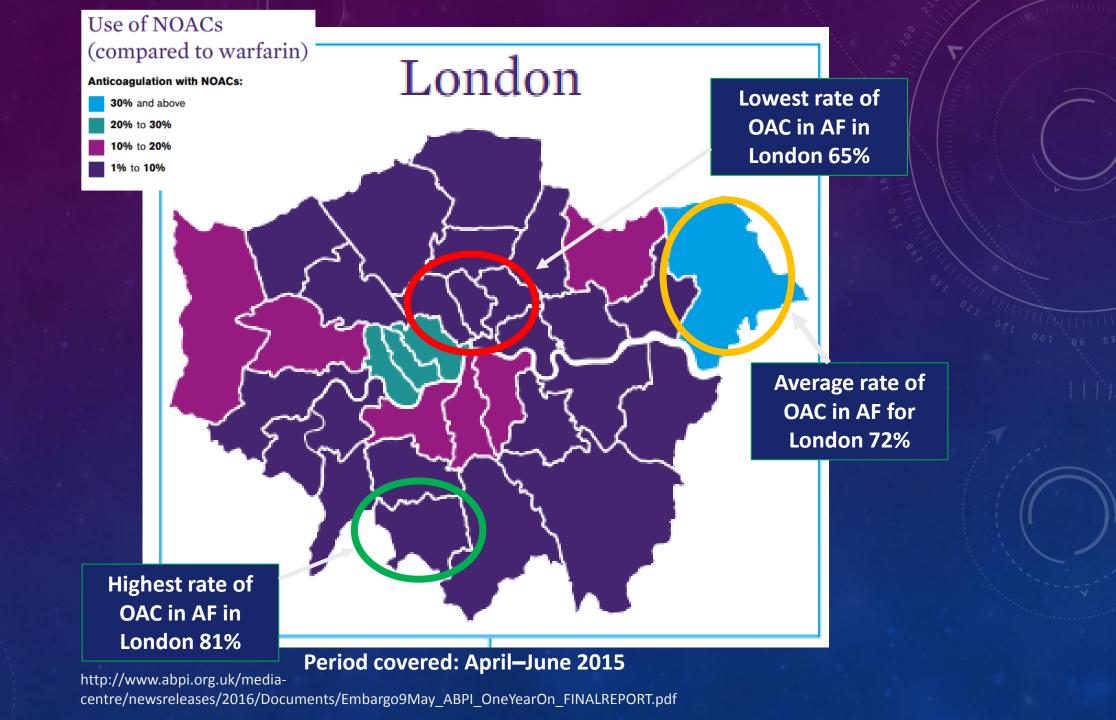
^{*}Apixaban, dabigatran etexilate and rivaroxaban

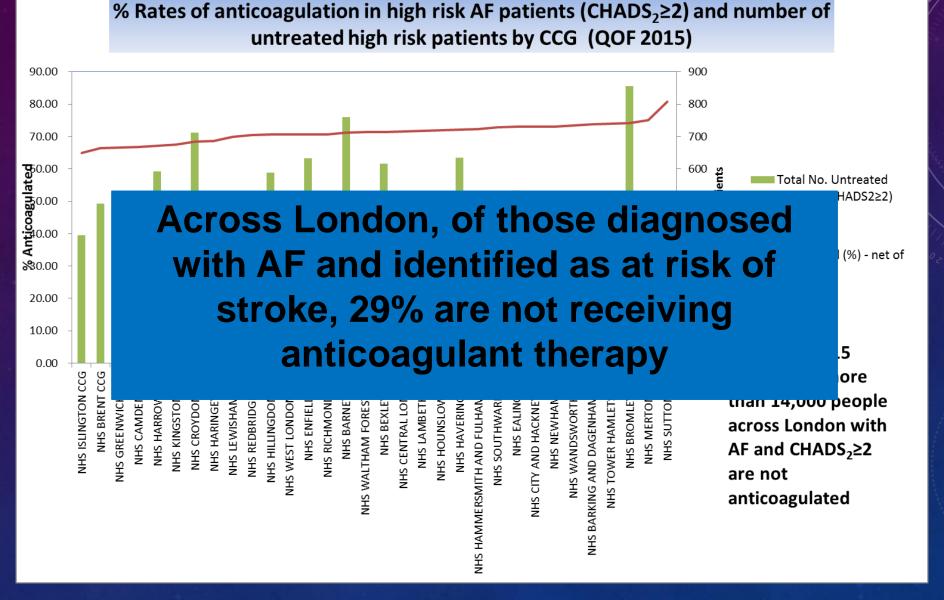
NOAC usage in Europe as a % of total anticoagulant market* MAT** June 2015 (based on days of therapy***)



Total anticoagulant market = apixaban + dabigatran + rivaroxaban + warfarin + heparins (fractionated + unfractionated) + fondaparinux ** MAT: Moving Annual Total – the total over the previous 12 months *** Days on therapy are based on IMS Standard Units data converted using Average Daily Dose assumptions based on IMS Medical Audit Data & BMS/Pfizer Alliance assumptions http://www.abpi.org.uk/media-centre/newsreleases/2016/Documents/Embargo9May ABPI OneYearOn FINALREPORT.pdf







NOAC USE ACROSS LONDON (2015)

 % NOAC* use relative to warfarin across all 32 London CCGs (Oct-Dec 2015)

1-10%

11–20%

21–30%

>30%



*Apixaban, dabigatran etexilate and rivaroxaban

Medicines Optimisation Dashboard (May 2016) https://www.england.nhs.uk/ourwork/pe/mo-dash/ (accessed May 2016)

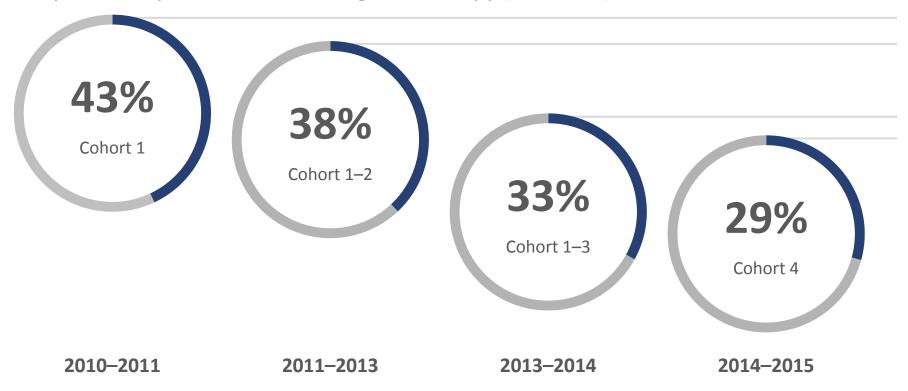
GARFIELD-AF:



OAC usage rates are improving...

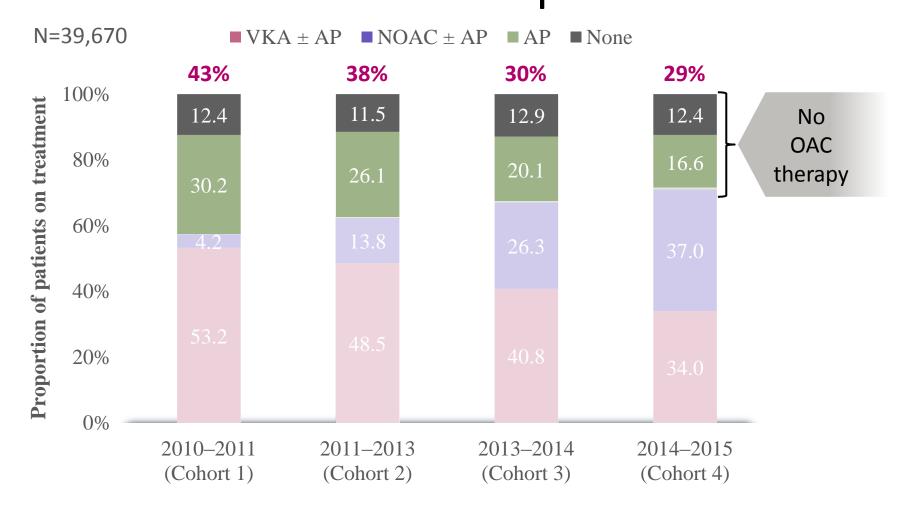
...but 29% of patients still do not receive OAC therapy today

Proportion of patients not receiving OAC therapy (N=39,670)



GARFIELD-AF: though increasing, use of OACs is still suboptimal





ADDRESSING UNMET NEED....

- Strategic
 - Policies and resources
 - Registries
 - Data to inform healthcare decision-making

Public awareness

- Clinical
 - Stroke and bleeding risk assessment
 - Initiation of anticoagulation
 - Optimisation of anticoagulation
 - Rate and rhythm control

POLICIES AND GUIDELINES

European Heart Journal Advance Access published August 27, 2016



doi:10.1093/eurhearti/ehw210

NICE National Institute for Health and Care Excellence

2016 ESC Guidel fibrillation develo

The Task Force for the **European Society of Ca**

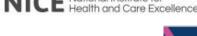
Developed with the spe Rhythm Association (El

Endorsed by the Europe

Authors/Task Force Member Stefano Benussi*1 (Co-Chair Anders Ahlsson¹ (Sweden), [Manuel Castella¹ (Spain), Ha (Belgium), Jeroen Hendriks (Antonis S. Manolis (Greece), (Romania), Ulrich Schotten and Panagiotis Vardas (Gree

Document Reviewers: Stefan Agewall (Co-ordinator) (UK), Gonzalo Baron Es Filip Casselman (Belgium), Antonio Co Dobromir Dobrev (Germany), José M. I

* Corresponding authors: Paulus Kirchhof, Institute of Cardio B15 2TT, United Kingdom, Teb +44 121 4147042, E-mail: p.i 100, 8091 Zürich, Switzerland, Teb +41/0/788933835, E-ma clations: European Association for Cardiovascular Pre ociation (EHRA), Heart Failure Association (HFA).



Issued: June 2014

guidance.nice.org.uk/og180

NICE clinical guideline 180



NCE has accredited the process used by the Centre for Clinical Practice at NCE to produce guideline. Accreditation is valid for 5 years from September 2000 and applies to guidelines produced according 2007 using the processes described in NICE in The guidelines menual (2007, Updated 2009), More intermediate on accordinates can be viewed at viewed in view place of the Central September 2009.







PREVENTION OF

This position statement is intend the prevention of atrial fibrillatio

> Across Londo 68,000 pat

People with AF should be ide particularly at those aged over technologies, such as AliveCor identification of AF

Across London, of those

- 2. Stroke risk assessment should AF, or those post cardioversi at least annually.4
- 3. All people with AF with CHA2DS Anticoagulation should also be
- People requiring anticoagulatio NICE approved options, includi patient and clinician should hav agents available in order to mal decision should take into accou preferences.
- The HASBLED score should be be addressed to minimise blee

Excellence in anticoagulant care Defining the elements of an excellent anticoagulation service



London Clinical Networks



LONDON COMMISSIONING INTENTIONS

- 1. Opportunistic pulse checks in patients over 65 years old.
- 2. 80% of patients with AF with a CHA2DS2-VASc stroke risk score ≥ 2 will be prescribed oral anticoagulation medication
- 3. All patients on vitamin K antagonists with less than 65% of time in therapeutic range are reassessed and, where appropriate, are offered alternative oral anticoagulant medication
- 4. All patients on oral anticoagulant medication will be offered ongoing support to ensure medicine adherence
- 5. All patients with AF referred to an anticoagulation clinic should have a referral-to-treatment time of no more than two weeks

STRATEGIC

Policy

- National Registries
 - AF
 - Stroke
- Research registries

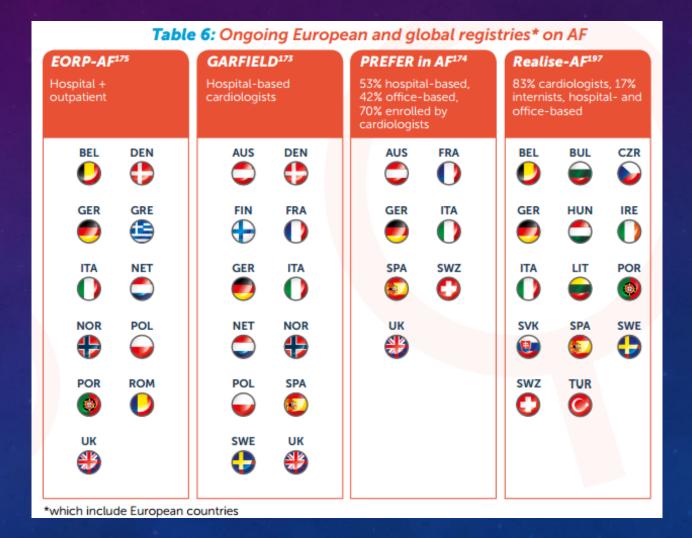




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COMPARATIVE DATA?

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Portugal	34-41% variation	No data CHA ₂ DS ₂ VASc
Spain	52-84%	57-59% CHADS 2
UK	56%	51% CHADS 2

http://www.anticoagulationeurope.org/files/files/Interactive% 20Route%20Map%20for%20Change%2011Nov14%20final.pdf

PATIENT AWARENESS OF AF AND ANTICOAGULATION

- 37% of documented chronic AF patients were unaware that they had AF and nearly half didn't know why they were taking warfarin.
- A similar number didn't know they were at risk of clots that could cause stroke.
- Sixty percent felt that their underlying condition (AF) was not severe.

- Most could not explain the rationale for taking warfarin and the associated risks
- Few pts able to specify more than one side-effect of warfarin or the dose they were on
- Knowledge level tends to be poorer in the >75yrs age group

- Only half of patients perceived AF as a serious condition
- Only half of patients were aware that AF predisposes to thromboembolism
- Only 20% of patients were aware of the benefits of stroke prevention
- Results of the study showed that a brief educational intervention with an information booklet can help to improve knowledge

Lip GY, Kamath S, Jafri M et al. Ethnic differences in patient perceptions of atrial fibrillation and anticoagulation therapy: the West Birmingham Atrial Fibrillation Project. Stroke 2002;33: 238–42

Dantas et al (2004). BMC Family Practice; 5:15

Lane et al (2005). Inter Journal of Card. Vol 10, Issue 3, pgs 345-358

ADDRESSING UNMET CLINICAL NEED

- Guideline implementation
- Education and training of healthcare staff
- Support patients in making informed decisions
- Dispel myths and misconceptions (aspirin, falls, frailty)
- Streamline anticoagulation referral pathways
- IT solutions to support clinical care



Wellbeing and wealth

HOME

WHO WE ARE



Opti

Programme: Medicines Op

Over the past year, the programme stroke across Wessex through the u and 30 further education and trainin programme has delivered a 67% inc providers showing a reduction in str



Atrial Fibrillation and Shar

The Collaboration for Better Care F 'Shared decision making' on 21st C Organisation: attendees and followed up to provide evidence of









London Clinical Networks





ation: update

Pan London AF Improvement Programme

A number of practices and CCGs in London and across the country are making significant progress in implementing NICE CG180 Atrial Fibrillation (AF) guidance and implementing AF screening initiatives, demonstrating impact. For example, in NEL there has been an 18% improvement in anticoagulation rates in AF resulting in the prevention of 127 AF-related strokes over 4 years.

Through these exemplars and with AF improvement experts including charities and clinicians, the London Academic Health Science Networks (AHSNs) - Health Innovation Network, Imperial and UCLPartners - and London Strategic Clinical Network are investing in the design and delivery of a pan-London AF Improvement Programme, in partnership with the AF Association and Arrhythmia Alliance.

The aim of the programme is to support CCGs to lead local improvements to the care pathway for people with AF, to prevent AF-related strokes and associated mortality, and to realise savings for the care economy through:

- Detect: Increasing detection of those with undiagnosed AF
- Protect (& Correct): Protecting those with diagnosed AF through effective treatment

partnership with NHS England)

Perfect: Optimising the treatment of people on anticoagulation

Home > NICE Guidance > Conditions and diseases > Cardiovascular conditions > Heart rhythm conditions

ormed

Fibri Improving anticoagulation in patients with atrial fibrillation using the GRASP AF audit tool (part of the GRASP suite of tools delivered by PRIMIS in

tly reduce At older

Aim of the guideline

Only half the people with atrial fibrillation are on anticoagulants which reduce strokes

This guidance aims to increase the use of anticoagulants and reduce the inapproriate use of antiplatelet agents.

What this guidance covers

The guidance concerns antithrombotic agents for the treatment of non-valvular atrial fibrillation. It is consistent with NICE Guidance.

See 2014 NICE AF guideline 180 guidance.nice.org.uk/cg180

Guidance products: CG180

Shared learning database

West Hampshire CCG and Boehringer Ingelheim Ltd







SUMMARY

- Significant unmet need in the UK and across Europe
- Patients experiencing harm due to AF-related stroke
- Addressing unmet need:
 - Strategic policy, guidelines, resources, incentives, data
 - Patient and public awareness informed decision-making
 - Clinical implementation, education, IT solutions







ADDRESSING UNMET NEEDS IN MANAGING AF ACROSS THE GLOBE

HELEN WILLIAMS FFRPS, MRPHARMS, PGDIP (CARDIOL) IPRESC

CONSULTANT PHARMACIST FOR CVD, SOUTH LONDON

CLINICAL LEAD FOR ATRIAL FIBRILLATION, HEALTH INNOVATION NETWORK