

# Prescribing patterns of antithrombotic drugs to elderly patients with atrial fibrillation admitted to an acute geriatric unit

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## Background and aims

Atrial fibrillation (AF) is the most common cardiac arrhythmia, with a prevalence up to >10% in people aged 75+. It is associated with an increased mortality risk, especially after ischemic stroke. Despite international guidelines strongly recommend the use of oral anticoagulant (OAC), they are still underused, especially among the elderly. Aims of this study are to evaluate the antithrombotic regimen on admission and to assess the factors predicting the prescribing patterns prior to hospitalization.

## Material and methods

Retrospective observational study conducted at an Italian acute geriatric unit over a period of 17 months.

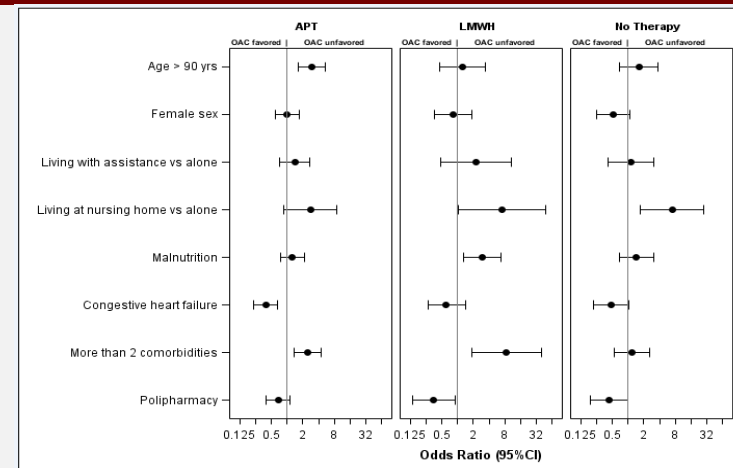
Inclusion criteria were age  $\geq 65$  years and diagnosis of atrial fibrillation.

Patients were divided into four groups according to their use of OAC, antiplatelet therapy (APT), low molecular weight heparin (LMWH) or no antithrombotic treatment and a multivariate analysis was performed.

## Results

Among 399 patients with AF only 198(49.6%) were assigned to OAC, 125 (31.3%) to APT, 32 (8%) to LWMH and 44 (11%) to none of them.

In multivariate analysis history of congestive heart failure (Odds Ratio, OR=0.39, 95% Confidence Intervals, CI=0.23-0.66) was associated with OAC use rather than antiplatelets, while age  $\geq 90$  years (OR=2.96, CI=1.66-5.26), comorbidity (OR=2.5, CI=1.40-4.46), malnutrition (OR=2.93, CI=1.27-6.78) and nursing home residence (OR=7.02, CI=1.03-47.81) were associated with other antithrombotics use at admission.



## Conclusions

Our data confirmed that about half of the geriatric patients with AF in this population did not receive any OAC therapy before admission. We found that factors that might influence decisions of antithrombotic treatment were both medical and social.

## References

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