As populations age, the prevalence of atrial fibrillation (AF), the most common heart arrhythmia, is rising. Bringing a five-fold increase in stroke risk and affecting nearly one in five people over 85, AF is a rapidly growing public health burden.

**The Future of Anticoagulation Initiative**
Research organisation RAND Europe has qualitatively analysed1 current issues in AF management in Europe and how things could change in the coming 5–10 years, focusing on the use of oral anticoagulants. The study is part of the Future of Anticoagulation Initiative, a set of activities aimed at improving anticoagulation care in AF patients.

The study was guided by a steering committee and involved:

- Reviewing research literature and clinical guidelines
- 60 interviews with doctors, patient reps and others from Belgium, France, Germany, Italy, Spain and the UK
- Discussion of possible future scenarios for AF management.

**The current landscape**
A significant change in therapy options for stroke prevention in AF patients has been the recent introduction of non-VKA oral anticoagulants (NOACs) as an alternative to vitamin K antagonists (VKAs) such as warfarin and fluindione. Across Europe, there is variation in clinical guidance about whether NOACs or VKAs are recommended as a first choice option for anticoagulation therapy. Regarding detection of AF, guidelines issued in 2012 by the European Society of Cardiology (ESC) recommend opportunistic screening by manual pulse check for patients 65 years or over.

**Study outcomes**
Two steps are critical for improving stroke prevention management in AF:

- Improving AF detection
- Improving the use of existing therapies for stroke prevention.

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1 The study does not constitute a systematic review of evidence. The findings are based in part on the views of the interviewees and the steering committee, and these groups do not constitute a representative sample of the focus countries.
To enable these improvements, RAND developed three broad recommendations:

**Recommendation 1: Improve AF awareness among the public and policymakers**

- AF awareness is low at present.
- It is important to communicate the message that AF increases the risk of stroke and that AF-related strokes can be preventable.

**Recommendation 2: Support education about AF management for HCPs and patients**

- Education is needed to improve HCPs’ adherence to clinical guidelines:
  - Both under-prescription and overuse of oral anticoagulants are reported, particularly in elderly patients.
- Knowledge of AF among HCPs in primary care also needs improvement:
  - A challenge in primary care is the need to stay up-to-date with clinical information about a wide range of conditions and diseases.

- To complement the ESC guidelines, the European Heart Rhythm Association has published a practical guide for using NOACs and created a website where updates can be published.  

- Patients who understand AF and the need for therapy are more likely to comply with guidance:
  - HCPs can provide education or direct patients to patient associations or training initiatives.
- A challenge for stroke prevention therapy is that it does not make patients feel different, so they may not appreciate its effects.

**Recommendation 3: Maintain engagement in AF-related research across the health services**

- Physicians, nurses and medical specialists can all play a role in improving how AF is managed.
- Research is needed to monitor the effects of interventions in education and other aspects of AF-related healthcare delivery, and for progress in research and technology for new therapies.

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3 One patient association is Atrial Fibrillation Association International: www.afa-international.org

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