Community-based educational intervention to improve antithrombotic drug use in atrial fibrillation.

Jackson S., Peterson G., Vial J.

Tasmanian Schools of Pharmacy and Medicine, University of Tasmania, Tasmania, Australia.

Introduction
A range of international studies has shown that antithrombotic therapy for stroke prevention in AF is underutilised. Interventions designed to increase antithrombotic use are lacking.

Aim
The objective of this study was to promote the rational prescribing of antithrombotics for stroke prevention in AF.

Materials and Methods
Local guidelines for stroke risk stratification in AF were developed in conjunction with local specialists. The guidelines were sent to all general practitioners (GPs) registered in Southern Tasmania, GPs were then contacted to discuss the guidelines. The GPs were anonymously surveyed regarding the effectiveness of the visit. Secondly, for comparative purposes, Pharmaceutical Benefits Scheme (PBS) data were obtained for the South (Intervention) and North (Control) prior and post and intervention. Defined daily doses (DDDs) per head of population were used statistically evaluate differences in the relative dispensing of warfarin between the regions for each time period, and changes within each study area.

Results
The visits were well received, GPs indicated that they were more likely to prescribe warfarin following the visit. Analysis of PBS data for warfarin use, indicated there were no significant differences between the two regions at baseline (z=0.95, p=0.34). There was a significant rise in the use of warfarin in the two regions following the intervention with the increase in prescribing of warfarin within the intervention region being significantly greater than the change for the control region (z=6.48, p < 0.0001). Following the intervention the two regions were significantly different (z=8.76, p < 0.0001).

Conclusion
A community-based educational program was well-received and lead to increased prescribing of warfarin.

Discussion
The results suggest that programs developed by hospitals should include GPs in future educational strategies for chronic conditions.

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