

Atrial fibrillation management is suboptimal and unequal

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Singapore: New one-year follow-up results from the global RE-LY AF registry shows that 11.7 percent of patients with atrial fibrillation (AF) who were included in the registry from January 2008 to April 2011 had died within one year. The registry mainly reflects data from patients before novel oral anticoagulants became available.

Data from over 15,000 patients in 47 countries across the world, including low income countries have been reviewed. The new insights underline the high unmet medical need and the large opportunities for improvement by applying already available strategies and tools for diagnosis, risk assessment, and treatment of patients with AF.

• The one-year results presented today show wide variations in the management and outcomes of AF patients and affirm that stroke prevention in AF remains a major issue worldwide

• The one-year mortality rate appears to be highly variable between countries. While it was significantly lower in Western Europe than in North America (8.3% vs 11.4%), it was about twice as high in Africa and Latin America (20.0% and 18.1% respectively)

• Despite the availability of anticoagulant therapy, like vitamin K antagonists, more than 4% of AF patients experienced a stroke within one year

• Significantly more patients with AF suffered a stroke in the regional cohorts examined in China (7.2%), South East Asia (6.6%) and Africa (8.3%) compared to North America (3.1%). Most of the differences in stroke rate seen between regions can

be explained by differing treatment usage of vitamin K antagonists such as warfarin

"Registries such as RE-LY AF have demonstrated clear differences in the management and outcomes of patients with atrial fibrillation in different regions of the world and suggest that there is an opportunity to use existing knowledge to improve the care of patients with atrial fibrillation worldwide. For example, the introduction of new oral anticoagulant medications may have a particularly important benefit in China and South-East Asia, where warfarin is infrequently used and when it is used, lower INR values are usually targeted," commented Dr Jeff Healey, McMaster University, Hamilton, Canada. "These findings have important implications for the improvement of disease management and health policy, aimed at protecting AF patients from the severe outcomes of this disease."

The first baseline results from the RE-LY AF registry showed that the presentation, etiology and treatment of AF vary greatly between geographic regions.² With regard to stroke prevention through anticoagulation, baseline results showed:

• Worldwide, appropriate use of traditional oral anticoagulants was low, with wide variations between regions
INR (International Normalized Ratio) control was poor, with only North America and Europe exceeding levels above 50% time in therapeutic range (INR 2.0-3.0).

• "The insights resulting from this large registry once again confirm the worldwide medical need for alternatives to vitamin K antagonists which are difficult to manage for stroke prevention in patients with non-valvular AF," commented Prof. Klaus Dugi, Corporate Senior Vice President Medicine, Boehringer Ingelheim. "Based on the RE-LY trial results and the great body of clinical experience, we are confident Pradaxa can and will play an important role in helping to close this treatment gap."