Atrial Fibrillation Patient Survey

Online survey of AFib Patients 65+ Exploring Experiences with the Diagnosis and Treatment of AFib

September 2012
Objectives and Methodology

Objectives

- Achieve better understanding of:
  - Experiences of patients during diagnosis
  - Sources of information that patients use
  - Dynamics of treatment decisions
  - Use (or lack thereof) of anticoagulant medications
  - Stroke and bleeding risk discussion with AFib patients and their HCPs
  - Compliance with treatment options
- Add to the knowledge gleaned from the HCP survey (primary care physicians, internists, and geriatricians)

Methodology

- 502 Atrial Fibrillation patients from an online panel.
- Invites were sent to 3,901 people nationwide, specifically targeting older respondents with heart conditions and/or atrial fibrillation based on information the panel has on file. 1,777 respondents accessed the survey. Of those who accessed the survey:
  - 963 were terminated based on screening criteria,
  - 66 started but did not complete the survey,
  - and 24 were disqualified for taking the survey too quickly (quality control measure).
- Online research best practices were employed and the survey was closely monitored throughout the data collection process.
- Key: In some slides subgroup differences are highlighted. Numbers in blue are statistically significantly higher, red statistically significantly lower.
Summary of Key Findings

AFib DIAGNOSIS

• Most of these 65 year+ AFib patients were diagnosed after experiencing symptoms, though detection through regular check-ups has become more common.
• Most were diagnosed by a cardiologist and/or referred to one after diagnosis.

AFib TREATMENT

• Cardiologists are also the most common HCP these patients see for treatment. While large majorities of these AFib patients are satisfied with their treatment, those seeing cardiologists are more so than those being treated by PCP’s.
• Patients say discussions about treatment typically revolved around options (both medication and others), symptoms, and risk factors. Most patients say their HCP recommended one particular medication; few recommended no treatment or didn’t mention anticoagulation at all.

MEDICATION OPTIONS

• More than two thirds of these AFib patients are on prescription anticoagulants.
• As reported in the physician survey conducted earlier this year, Warfarin is the most popular anticoagulant, though aspirin is more likely to be used overall, sometimes in conjunction with prescription medication.
• To patients, cost is the most tangible barrier to new medications.

UNDERSTANDING THE RISKS

• In the aggregate, the level of worry about stroke and bleeding risk are about equal. However, in a head-to-head comparison, most of these AFib patients are more concerned about stroke or both risks equally (few bleeding only).
• When it comes to stroke risk, AFib patients are fairly well-versed in risk factors – most come up organically when patients are asked to list them.
• There is less understanding of bleeding risk factors. Patients are most likely to mention straight-forward/simple factors (injuries, other medications, previous bleeding problems), rather than specific underlying factors.
• While many of these patients said their HCP discussed risks with them, few recall their doctor using an assessment tool or giving them a 1- or 5-year stroke risk number.
Diagnostic Process
Context of Diagnosis

- Most older AFib patients are diagnosed after experiencing symptoms, more often severe symptoms.
- Diagnoses at regular check-ups have increased in recent years, suggesting a change in the rate of physicians checking for AFib.

### Reason for Diagnosis Visit

<table>
<thead>
<tr>
<th>Reason</th>
<th>Within last 2 yrs</th>
<th>2-6 yrs ago</th>
<th>6-10 yrs ago</th>
<th>10+ yrs ago</th>
</tr>
</thead>
<tbody>
<tr>
<td>You experienced some severe symptoms or a sudden health incident and went to the emergency room.</td>
<td>35%</td>
<td>30%</td>
<td>28%</td>
<td>41%</td>
</tr>
<tr>
<td>You had been experiencing some symptoms and scheduled an appointment to discuss them.</td>
<td>22%</td>
<td>17%</td>
<td>31%</td>
<td>24%</td>
</tr>
<tr>
<td>It was a regular check-up.</td>
<td>19%</td>
<td>27%</td>
<td>19%</td>
<td>13%</td>
</tr>
<tr>
<td>You went to your health care professional for something completely unrelated to your atrial fibrillation symptoms.</td>
<td>11%</td>
<td>14%</td>
<td>9%</td>
<td>8%</td>
</tr>
<tr>
<td>Other</td>
<td>10%</td>
<td>10%</td>
<td>9%</td>
<td>13%</td>
</tr>
</tbody>
</table>
Who Diagnosed AFib?

- Nearly two-thirds of older AFib patients were diagnosed by a cardiologist.
- The vast majority either start with a cardiologist or end up with a cardiologist.

### HCP Who Diagnosed

- **A cardiologist**: 62%
- **A family physician/general practitioner/internist**: 22%
- **An emergency room doctor**: 12%
- **A nurse practitioner or physician’s assistant**: 1%
- **A geriatrician**: 0%
- **Other**: 3%

### Referred to Cardiologist

- **91% were diagnosed by or referred to a cardiologist right after diagnosis.**
- **37%**
- **54%**
- **8%**
- **No**
Satisfaction with Diagnosis

- The vast majority of older AFib patients were satisfied with their diagnostic process.

Satisfaction with Diagnostic Process

- Very satisfied: 65%
- Somewhat satisfied: 20%
- Neither satisfied nor dissatisfied: 10%
- Somewhat dissatisfied: 2%
- Very dissatisfied: 1%
Treatment Process
**HCP for Treatment**

- When it comes to treatment, cardiologists are the most common HCP.
- Most see their HCP for treatment a few times a year. Only a low percentage require monthly visits, though that number is higher among Warfarin patients.

### Type of HCP Seen Most for TREATMENT

- A cardiologist: 70%
- A family physician/general practitioner/internist: 16%
- An electrophysiologist: 7%
- The health care professional at your anticoagulation or INR clinic: 3%
- A nurse practitioner or physician’s assistant: 2%
- A geriatrician: 0%
- Other: 2%

### Frequency of HCP Visits for Treatment

- Once a week or more: 0%
- Once a month or more: 12%
- A few times per year: 61%
- Annually (once a year): 22%
- Less than once a year: 4%

*Based on other data and what we know about the testing requirements for Warfarin, it is likely that many did not count their INR test visits in their responses, making this percentage lower than it should be for Warfarin users.*
Large majorities say a cardiologist was involved in their treatment path, but many also consult additional HCPs.

The plurality of older AFib patients abdicate the final decision-making power to their HCP, but about a third feel they were involved in that decision. Only 1-in-5 take ownership of the decision themselves.

### Treatment Decision-Makers

- **A cardiologist**: 88%
- **Your primary care physician and/or geriatrician**: 43%
- **An electrophysiologist**: 18%
- **Another family member or friend**: 11%
- **Another doctor or health care professional**: 10%
- **A caregiver or someone who helps you manage your health**: 2%

### Most Influential in Treatment Decision

- **My health care provider**: 43%
- **It was a joint decision**: 31%
- **Me**: 21%
- **A caregiver or someone else who helps me manage my health**: 0%
- **Other**: 2%
Treatment Discussion

• The treatment conversation revolves around options, risks/symptoms, and risk factors that can affect their AFib experience.
• Patients recall discussion about both medications and other options (surgery, pacemaker, etc.) and which could best treat their specific condition and circumstances.

The discussion focuses on options...
• Medications (general and specific)
• Pacemakers
• Surgery
• Ablation

.....risks...
• Stroke
• Clotting
• Symptoms

...and risk factors.
• Diet
• Exercise
• Lifestyle

He explained that there were several drugs used to treat the condition and that finding the right combination might take some time. In the meantime, he started me on Coumadin to prevent clotting/stroke.

They asked me about symptoms when I am not in rhythm. I cannot tell the difference whether I am in or out. I have had several procedures and medications and still have abnormal rhythm - atrial fibrillation.

Types of medication and the possible problems with each, what happens without any treatment but holistic treatment, what are the results of a stroke, and what happens if treatment does not work.

He said it was probably controllable with medication, and I would not need surgical intervention (pacemaker) at this time. So I started on medication and regular follow-up.
Satisfaction with Treatment

- Satisfaction with treatment is also high—more than two-thirds are very satisfied.
- Those who feel they made a joint decision with their HCP are the most satisfied.
- Strong satisfaction drops off steeply among those being treated by a PCP rather than a cardiologist.

<table>
<thead>
<tr>
<th>Satisfaction with Treatment</th>
<th>Medication</th>
<th>Treatment HCP</th>
<th>Treatment Decision-Maker</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Nothing or Aspirin</td>
<td>Anti-coag</td>
<td>Cardio-logist</td>
</tr>
<tr>
<td>Very satisfied</td>
<td>71%</td>
<td>66%</td>
<td>72%</td>
</tr>
<tr>
<td>Somewhat satisfied</td>
<td>18%</td>
<td>24%</td>
<td>20%</td>
</tr>
<tr>
<td>Neither satisfied nor dissatisfied</td>
<td>6%</td>
<td>6%</td>
<td>4%</td>
</tr>
<tr>
<td>Somewhat dissatisfied</td>
<td>2%</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>Very dissatisfied</td>
<td>2%</td>
<td>1%</td>
<td>1%</td>
</tr>
</tbody>
</table>
Anticoagulant Medications
HCP Recommendation on Anticoagulants

- Two-thirds of AFib patients report that their HCP recommended one particular medication. Few had HCPs who recommended no treatment or didn’t mention anticoagulation at all.
- Most of those on anticoagulants were only given one option by their HCP. Those who ended up on only aspirin or nothing were more likely to be given multiple options—which might be why they chose an alternative to anticoagulation.

### Options Give for Treatment

<table>
<thead>
<tr>
<th>Option</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recommended one specific anticoagulation option</td>
<td>67%</td>
</tr>
<tr>
<td>Provided multiple anticoagulation options to consider</td>
<td>17%</td>
</tr>
<tr>
<td>Did not mention anticoagulation treatment at all</td>
<td>5%</td>
</tr>
<tr>
<td>Recommended no anticoagulation treatment at all</td>
<td>3%</td>
</tr>
<tr>
<td>Not sure/Don’t recall</td>
<td>8%</td>
</tr>
</tbody>
</table>

### Medication

<table>
<thead>
<tr>
<th></th>
<th>Nothing or Aspirin</th>
<th>Anticoagulant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recommended one specific anticoagulation option</td>
<td>52%</td>
<td>74%</td>
</tr>
<tr>
<td>Provided multiple anticoagulation options to consider</td>
<td>22%</td>
<td>14%</td>
</tr>
<tr>
<td>Did not mention anticoagulation treatment at all</td>
<td>9%</td>
<td>3%</td>
</tr>
<tr>
<td>Recommended no anticoagulation treatment at all</td>
<td>6%</td>
<td>2%</td>
</tr>
<tr>
<td>Not sure/Don’t recall</td>
<td>11%</td>
<td>7%</td>
</tr>
</tbody>
</table>
Medication Use

- Most older AFib patients are currently taking aspirin to help manage their AFib, including many who are taking it in combination with a prescription option.
- More than two-thirds of older AFib patients are on some prescription medication for anticoagulation.
- Warfarin is the most popular anticoagulation prescription; few take Dabigatran or Xarelto*.
- Few are even aware of Xarelto.

### Medication Use

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Currently Taking</th>
<th>Used to Take</th>
<th>Total Heard of Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aspirin (a regular dose specifically to treat your AFib)</td>
<td>63%</td>
<td>82%</td>
<td>96%</td>
</tr>
<tr>
<td>Coumadin or Jantoven (generic name is Warfarin)</td>
<td>44%</td>
<td>70%</td>
<td>95%</td>
</tr>
<tr>
<td>Combination therapy (multiple medications used together to prevent blood clots)</td>
<td>24%</td>
<td>31%</td>
<td>56%</td>
</tr>
<tr>
<td>Pradaxa (generic name is Dabigatran)</td>
<td>10%</td>
<td>16%</td>
<td>72%</td>
</tr>
<tr>
<td>Xarelto (generic name is Rivaroxaban)</td>
<td>3%</td>
<td>17%</td>
<td>17%</td>
</tr>
</tbody>
</table>

### Anticoagulation

- Prescription medication: 69%
- Aspirin: 27%
- Xarelto: 3%
- None: 3%

(Given the low rate of Rivaroxaban use, we cannot break out the remaining medication questions for that option because sample size is so small.)
Medication Use

- Use of Dabigatran is significantly higher among the recently diagnosed, those treated by a cardiologist, and those who did their own research.
- Warfarin use is significantly lower among those recently diagnosed.

<table>
<thead>
<tr>
<th>Medication (% have ever taken)</th>
<th>Within last 2 yrs</th>
<th>2-6 yrs ago</th>
<th>6-10 yrs ago</th>
<th>10+ yrs ago</th>
<th>Cardiologist</th>
<th>PCP</th>
<th>Other</th>
<th>Did AFib Research</th>
<th>Didn’t Research</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aspirin</td>
<td>81%</td>
<td>87%</td>
<td>82%</td>
<td>79%</td>
<td>85%</td>
<td>76%</td>
<td>79%</td>
<td>79%</td>
<td>89%</td>
</tr>
<tr>
<td>Warfarin</td>
<td>56%</td>
<td>73%</td>
<td>71%</td>
<td>76%</td>
<td>68%</td>
<td>71%</td>
<td>77%</td>
<td>71%</td>
<td>66%</td>
</tr>
<tr>
<td>Combination Therapy</td>
<td>38%</td>
<td>29%</td>
<td>28%</td>
<td>31%</td>
<td>32%</td>
<td>26%</td>
<td>36%</td>
<td>28%</td>
<td>39%</td>
</tr>
<tr>
<td>Dabigatran</td>
<td>27%</td>
<td>15%</td>
<td>17%</td>
<td>12%</td>
<td>19%</td>
<td>1%</td>
<td>19%</td>
<td>20%</td>
<td>10%</td>
</tr>
<tr>
<td>Rivaroxaban</td>
<td>6%</td>
<td>1%</td>
<td>4%</td>
<td>2%</td>
<td>3%</td>
<td>-</td>
<td>6%</td>
<td>3%</td>
<td>2%</td>
</tr>
</tbody>
</table>
## Pros and Cons of Medications

<table>
<thead>
<tr>
<th>Medication</th>
<th>Pros</th>
<th>Cons</th>
</tr>
</thead>
</table>
| Warfarin   | “It is a low-cost medication which requires monthly blood checks, but it is a simple procedure, which I don't mind.”
  - Low cost/cheap
  - It works/is effective
  - Easy to take
  - Keeps me very stable/easy to keep INR in good range
  - Can adjust dose as needed | “It seems to be a very temperamental medication. Constant blood tests and dark marks on my skin. Also, it once caused my blood to get so thin that I had to be hospitalized because of bleeding out. Received blood transfusions at that time.”
  - Monitoring/monthly tests
  - Bleeding problems
  - Bruising
  - Diet restrictions/effects of certain foods
  - Used as rat poison |
| Dabigatran | “I no longer have blood clots. Easier drug all around. I no longer have to watch the amount of certain foods.”
  - No blood tests
  - Easy to take
  - Not dietary restrictions | “Expense - if Warfarin were less trouble, I would have stayed on it.”
  - Cost
  - Bruising
  - Can’t be exposed to air/have to keep in original package
  - Heartburn/stomach problems |
| Rivaroxaban | “Once a day tablet and no blood testing. No side effects!”
  - No side effects
  - Once a day
  - No testing | “The size of the pill. Hard to get just one out of the bottle.”
  - Size of pill
  - Cost
  - Bruising |
Comparison of Medications: Pros

- Patient perceptions of Warfarin and Dabigatran are very similar on most dimensions.
- However, the two medications really differ on cost measures.
- There is also a difference in monitoring requirements.

**Positive Drug Attributes**

- Easy to take: 73% Warfarin, 62% Dabigatran
- Affordable: 66% Warfarin, 12% Dabigatran
- Reduces the risk of stroke: 58% Warfarin, 52% Dabigatran
- Effective in reducing Afib symptoms: 34% Warfarin, 27% Dabigatran

**Negative Drug Attributes**

- Requires too much monitoring/too many medical appointments: 17% Warfarin, 2% Dabigatran
- Interacts with too many other medications and foods: 7% Warfarin, 2% Dabigatran
- Carries too high of a risk of internal bleeding: 4% Warfarin, 2% Dabigatran
- Not covered by many insurance plans: 1% Warfarin, 6% Dabigatran
- Too new, so I don’t think enough is known yet about the benefits and risks: 2% Warfarin, 2% Dabigatran
Ease of Adherence

• The vast majority of older AFib patients say they almost always take their medication as directed, though this may be overstated.
• Aspirin is the easiest regimen to follow, while Warfarin, not surprisingly, comes in last.

Ease of Adhering to Medication Requirements (very easy)

- Aspirin (a regular dose specifically to treat your AFib): 93%
- Pradaxa (generic name is Dabigatran): 76%
- Combination therapy (multiple medications used together to prevent blood clots): 65%
- Coumadin or Jantoven (generic name is Warfarin): 60%

84% say they almost always take their medication when they’re supposed to.
Changing Anticoagulant Medications

- When it comes to changing medications, most do so at the recommendation of their HCP or because of problems with their past medication.
- In the open-end, many reported bleeding problems, unpleasant side effects, and issues with Warfarin’s monitoring requirements.

**Why Change Medications?**

- My health care professional told me about a new medication/treatment option that might work better for me. **37%**
- The anticoagulation medication/treatment I originally tried was not working well for me. **16%**
- I found out about a new medication/treatment option myself and asked my doctor if I could try it. **9%**
- The anticoagulation medication/treatment I originally tried was difficult to take/follow properly. **7%**
- The anticoagulation medication/treatment I originally tried cost too much/ was not covered by my insurance. **3%**
- A caregiver or relative who helps me manage my health found out about a new medication/treatment option, and we asked my doctor if I could try it. **1%**

Additional reasons from the open ends include:
- Bleeding issues
- Were taking a combination of medication and aspirin and stopped one
- Unhappy with side effects
- Unhappy with Warfarin requirements
Stroke Risk
Stroke Risk Discussion with HCP

- Most have had a discussion with their HCP about their stroke risk; those who are treated by cardiologists more so than those treated by PCPs.
- Majorities recall their HCP telling them they have a “low” to “intermediate” stroke risk.
- Few remember receiving their 1- or 5-year stroke risk number.

Discussion of Stoke Risk?
- Had discussion: 73%
- Didn’t have discussion: 14%
- Don’t recall: 13%

Stroke Risk from Doctor
- Low: 37%
- Intermediate: 32%
- High: 8%

Only 6% received a 1- or 5-year stroke risk number.

<table>
<thead>
<tr>
<th>Used some other terms or explanation</th>
<th>Not sure/Don’t recall</th>
</tr>
</thead>
<tbody>
<tr>
<td>3%</td>
<td>21%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Had Discussion</th>
<th>Cardio-logist</th>
<th>PCP</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>76%</td>
<td>63%</td>
<td>74%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>No discussion</th>
<th>Cardio-logist</th>
<th>PCP</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>13%</td>
<td>11%</td>
<td>14%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Don’t recall</th>
<th>Cardio-logist</th>
<th>PCP</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>11%</td>
<td>26%</td>
<td>11%</td>
<td></td>
</tr>
</tbody>
</table>
Use of Stroke Risk Tools

- Very few patients recall or are aware of the use of stroke risk assessment tools.

Even those who say yes are thinking of medical tests (EKG, angiogram, INR tests) rather than a risk assessment tool.

Only a couple people mentioned a computer program or specific risk factor questions.
Concern about Stroke

- Worry about the possibility of stroke is fairly low, and for a plurality it is lower now than when they were first diagnosed.
- Accordingly, those who were recently diagnosed show the highest level of worry.

Current Level of Worry about Stroke Possibility

- Recently diagnosed significantly more likely to be worried (17% extr/very)
- Those who have not done research of their own are significantly less likely to worry (63% not too/not at all)

+ 11% say MORE worried now
- 48% say LESS worried now
Stroke Risk vs. Bleeding Risk Concern

- A third of these patients are worried about stroke risk, another third stroke and bleeding, and few are just concerned about bleeding.

Current Level of Worry about Stroke Possibility

- 34%: The risk that you might have a stroke if you do not treat your atrial fibrillation with anticoagulant medication
- 30%: Concerned about both equally
- 11%: The risk that you might have some sort of bleeding complication if you take anticoagulant medication
- 22%: Neither
Risk Factors for Stroke

- When it comes to stroke risk factors: weight, hypertension, exercise, and diet are top-of-mind for patients when asked an open-ended question.
- Heart disease, age, and family history also rise to the top when patients are asked indicate their level of concern in a closed-ended question.

### Stroke Risk Factors-Closed End Ask

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Rated 5</th>
<th>Rated 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular/heart disease (other than AFib)</td>
<td>13%</td>
<td>34%</td>
</tr>
<tr>
<td>Being 65-74 years old</td>
<td>13%</td>
<td>34%</td>
</tr>
<tr>
<td>Family health history</td>
<td>12%</td>
<td>29%</td>
</tr>
<tr>
<td>High blood pressure</td>
<td>11%</td>
<td>33%</td>
</tr>
<tr>
<td>Being overweight or obese</td>
<td>10%</td>
<td>29%</td>
</tr>
<tr>
<td>High cholesterol</td>
<td>10%</td>
<td>27%</td>
</tr>
<tr>
<td>Previous heart attack</td>
<td>9%</td>
<td>18%</td>
</tr>
<tr>
<td>Low levels of physical activity/sedentary...</td>
<td>8%</td>
<td>25%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>7%</td>
<td>18%</td>
</tr>
<tr>
<td>Previous congestive heart failure</td>
<td>7%</td>
<td>16%</td>
</tr>
<tr>
<td>Previous stroke or mini-stroke</td>
<td>6%</td>
<td>12%</td>
</tr>
<tr>
<td>Being 75 or older</td>
<td>5%</td>
<td>15%</td>
</tr>
<tr>
<td>Previous blood clot</td>
<td>5%</td>
<td>12%</td>
</tr>
<tr>
<td>Poor diet</td>
<td>5%</td>
<td>13%</td>
</tr>
<tr>
<td>History of smoking</td>
<td>5%</td>
<td>9%</td>
</tr>
<tr>
<td>Being female</td>
<td>7%</td>
<td></td>
</tr>
</tbody>
</table>

In open-ended responses, risk factors mentioned most often were:
- Weight
- High blood pressure
- Low exercise
- Poor diet
Occurrence of Stroke in AFib Patients

- Most of these AFib patients have not experienced a stroke and those who have generally have only had one.

Low n-size, but vast majority of those who have had a stroke only had 1, and most of the strokes are ischemic.

Occurrence of Stroke in AFib Patients

- 85%

More likely to report stroke:
- Age 81+ (18%)
- Less than $50k HH income (11%)
- Diagnosed 10+ years ago (10%)

No significant difference by medicated vs. not.
Bleeding Risk
Bleeding Risk Discussion with HCP

- While majorities of patients have had a bleeding risk discussion with their HCP, fewer report doing so compared to having a stroke risk discussion—likely because not all are on an anticoagulant that carries such risk.
- Patients who were diagnosed over 10 years ago are significantly more likely that those more recently diagnosed to have had the discussion.
- The discussion is about how to be aware of and manage the risk, rather than advising against medication.

### Occurrence of Bleeding Risk Discussion

- **63%** had the discussion
- **25%** didn’t have the discussion
- **13%** don’t recall

### Bleeding Risk Warning from Doctor

- **82%**: The HCP just said it was something to be aware of while taking medication.
- **6%**: The HCP said it was a reason to avoid a specific medication, but others would carry less risk of bleeding.
- **4%**: The HCP said it was a reason to avoid any of those medications.

### By Discussion Status and Time Since Diagnosis

<table>
<thead>
<tr>
<th></th>
<th>Within last 2 yrs</th>
<th>2-6 yrs ago</th>
<th>6-10 yrs ago</th>
<th>10+ yrs ago</th>
</tr>
</thead>
<tbody>
<tr>
<td>Had Discussion</td>
<td>63%</td>
<td>58%</td>
<td>59%</td>
<td>71%</td>
</tr>
<tr>
<td>No discussion</td>
<td>23%</td>
<td>28%</td>
<td>26%</td>
<td>20%</td>
</tr>
<tr>
<td>Don’t recall</td>
<td>13%</td>
<td>14%</td>
<td>14%</td>
<td>8%</td>
</tr>
</tbody>
</table>

**That it's important to test INR levels regularly to keep medication at a level that protects me but keeps me from having bleeding complications.**

**I had questions about the possibility of bleeding and not being aware of it. He explained how I would be feeling if that were to happen.**

**To be careful about doing things that could cause bleeding. Being sure to stop medication before dental wok or surgery.**
Use of Bleeding Risk Tools

- Again, awareness of any risk assessment tool use is low.

Even those who say yes are thinking of medical tests (pro-time monitoring, INR level tests).
Concern about Bleeding Risk

- In the aggregate, concern about bleeding risk is on par with stroke risk, though patients indicated greater concern about stroke in a head-to-head question.
- Those who are currently on Warfarin are actually less worried about bleeding complications than others, which is likely why they continue to take the medication.

**Current Level of Worry about Bleeding Possibility**

- **Currently taking Warfarin significantly less likely** to be worried (6% extr/very)

<table>
<thead>
<tr>
<th>Level of Worry</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extremely worried</td>
<td>6%</td>
</tr>
<tr>
<td>Very worried</td>
<td>7%</td>
</tr>
<tr>
<td>Somewhat worried</td>
<td>35%</td>
</tr>
<tr>
<td>Not too worried</td>
<td>37%</td>
</tr>
<tr>
<td>Not worried at all</td>
<td>15%</td>
</tr>
</tbody>
</table>

+ 12% say MORE worried now
- 29% say LESS worried now
Risk Factors for Bleeding Complications

- Top-of-mind risk factors for bleeding are very different from the list created from physician and expert suggestions. Patients are most aware of potential injury, past history of bleeding issues, and medication interactions.
- However, many are worried about hypertension and age when asked about it specifically.

**Bleeding Risk Factors-Closed End Ask**

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Rated 5</th>
<th>Rated 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>High blood pressure 65-74 years old</td>
<td></td>
<td>26%</td>
</tr>
<tr>
<td>Genetic factors</td>
<td></td>
<td>25%</td>
</tr>
<tr>
<td>Poorly controlled INR levels on Warfarin</td>
<td></td>
<td>14%</td>
</tr>
<tr>
<td>Abnormal kidney or liver function</td>
<td></td>
<td>11%</td>
</tr>
<tr>
<td>Excessive fall risk 75 years old +</td>
<td></td>
<td>15%</td>
</tr>
<tr>
<td>Activities that can lead to cuts, falls, or other injuries</td>
<td></td>
<td>13%</td>
</tr>
<tr>
<td>Other health problems</td>
<td></td>
<td>12%</td>
</tr>
<tr>
<td>History of stroke</td>
<td></td>
<td>12%</td>
</tr>
<tr>
<td>Previous bleeding issues</td>
<td></td>
<td>11%</td>
</tr>
<tr>
<td>Small vessel heart disease</td>
<td></td>
<td>10%</td>
</tr>
<tr>
<td>General poor health</td>
<td></td>
<td>9%</td>
</tr>
<tr>
<td>Cancer</td>
<td></td>
<td>9%</td>
</tr>
<tr>
<td>Dementia</td>
<td></td>
<td>7%</td>
</tr>
<tr>
<td>Anemia</td>
<td></td>
<td>7%</td>
</tr>
<tr>
<td>Reduced blood platelet counts or functioning</td>
<td></td>
<td>7%</td>
</tr>
<tr>
<td>History of GI bleeding</td>
<td></td>
<td>6%</td>
</tr>
<tr>
<td>Lack of constant care</td>
<td></td>
<td>3%</td>
</tr>
<tr>
<td>Frailty</td>
<td></td>
<td>5%</td>
</tr>
<tr>
<td>Use of drugs or alcohol</td>
<td></td>
<td>5%</td>
</tr>
<tr>
<td>Current antiplatelet therapy</td>
<td></td>
<td>2%</td>
</tr>
</tbody>
</table>

In open-ended responses, risk factors mentioned most often were:
- Bleeding issues
- Medication interactions
- Potential injury
- Diet
Occurrence of Bleeding Complications in Medicated AFIB Patients

- About a third of medicated AFib patients have experienced a minor bleeding problem while on anticoagulants.
- Those currently on Warfarin are more likely than those who are not to have had a minor bleed.

Occurrence of Bleeding in Anticoagulated AFib Patients

<table>
<thead>
<tr>
<th>Occurrence of Bleeding</th>
<th>Warfarin</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Currently take</td>
</tr>
<tr>
<td>Minor bleed</td>
<td>40%</td>
</tr>
<tr>
<td>Intracranial hemorrhage</td>
<td>1%</td>
</tr>
<tr>
<td>Don’t recall</td>
<td>4%</td>
</tr>
</tbody>
</table>

- A minor bleed that was not life threatening
- An intracranial hemorrhage, which is bleeding in your brain
- Some other type of major or life threatening bleed
- None of the above
Information Sources
AFib Research

- Most of these AFib patients did research on their own, though only 1-in-5 sought a second opinion.
- More recently diagnosed patients are significantly more likely to research on their own, likely due to the increase in available information.
- Those who currently use Dabigatran, a newer medication, are much more likely to have done their research.
Type of Information

- These AFib patients are most likely to seek additional information on medications, but information about symptoms, complications, and stroke risk is also popular.

![Graph showing Type of Information Sought]

- **Info on medication options, benefits, and risks**: 80%
- **Info about symptoms**: 71%
- **Info on potential complications**: 71%
- **Info about stroke risk**: 62%
- **Info on alternative treatments/treatments that did not involve medication**: 33%
- **Info on the best local health care professionals/clinics to treat atrial fibrillation**: 17%
- **Other**: 5%
The Internet is the most common place for these AFib patients to search for more information—though bear in mind this was an entirely online sample, so these patients may be more “connected.”

**Sources of AFib Info**

- Internet search engines: 74%
- Medical websites: 60%
- Another doctor or HCP: 31%
- Medical institutions: 29%
- Word of mouth from family and friends: 18%
- Non-profit organizations focused on heart health, stroke,...: 18%
- Government sources: 14%
- Pharmaceutical/drug company websites: 10%
- Mainstream media: 10%
- Social networking websites: 1%