Online Survey among Primary Care Physicians and Geriatricians on Their Attitudes and Practices Diagnosing and Treating Atrial Fibrillation

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Objectives and Methodology

Objectives

•Achieve better understanding among primary care physicians and geriatricians of:

•Attitudes and behaviors in diagnosing AFib

•Attitudes and behaviors in treating AFib

•Awareness of various treatments, their benefits and risks

•Use of risk assessment tools in decision-making

•Patient compliance and perceived barriers

•Interest in/potential usage of new guidelines and treatment tools

•Inform the creation of a patient survey on AFib treatments and risk factors

Methodology

•405 PCPs: Family physicians/General Practitioners (249), Geriatricians (119), and Internists (37) from a nationwide online panel.

•Invites were sent to 2,110 physicians nationwide, specifically targeting PCPs and Geriatricians based on information the panel has on file. 633 respondents accessed the survey. Of those 633 who accessed the survey:

•116 were terminated based on screening criteria,

•90 started but did not complete the survey,

•and 23 were disqualified for taking the survey too quickly (quality control measure).

•We also monitored open-ended responses to ensure respondents were actually reading and responding appropriately.

Summary of Key Findings

AFib Diagnosis

•Most of these physicians report checking for AFib symptoms in older patients at all or most visits, and feel confident in their ability to diagnose.

•More than half say they refer AFib patients to cardiologists at least some of the time.

AFib Treatment

•Overwhelmingly, the tendency among physicians in this survey is to anticoagulate, and experience with patient outcomes generally supports this judgment.

•Yet the number of guidelines causes confusion, and less than half are familiar with any one of the guidelines tested.

Medication Options

•Warfarin, though far from perfect, is the preferred anticoagulant.

•These doctors report cautious optimism about new medications, but say little is known and worry these have different downsides than Warfarin.

Risk Assessment

•Half are using $CHADS_2$ at least some of the time, and majorities who are find it helpful. Other risk assessment tools for stroke and bleeding risk are not used as much.

•Majorities see these risk assessments as limited, and do not feel they apply to all risk factors/patients.

•Individual factors like fall risk, frailty, cognition, etc. are viewed as most important when determining treatment for AFib.

•Consensus, CME (particularly online resources), and building risk assessment tools into electronic medical records are potential ways to increase their use.