



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

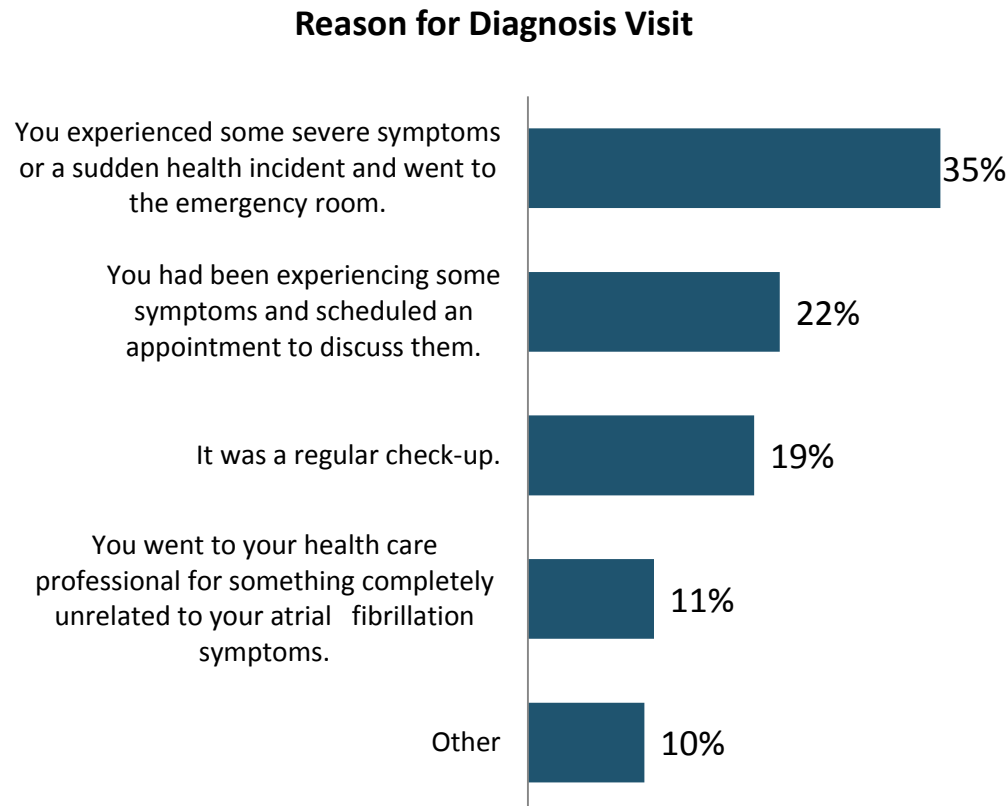
- In the aggregate, the level of worry about stroke and bleeding risk are about equal. However, in a head-to-head comparison, most of these AFib patients are more concerned about stroke or both risks equally (few bleeding only).
- When it comes to stroke risk, AFib patients are fairly well-versed in 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.

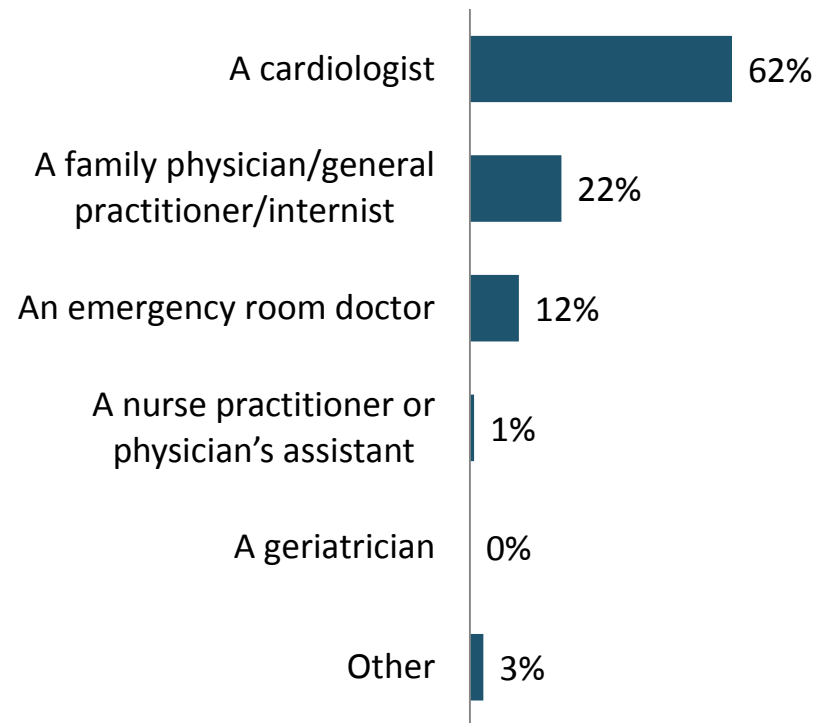


When Diagnosed			
Within last 2 yrs	2-6 yrs ago	6-10 yrs ago	10+ yrs ago
30%	40%	28%	41%
17%	13%	31%	24%
27%	21%	19%	13%
14%	14%	9%	8%
10%	8%	9%	13%

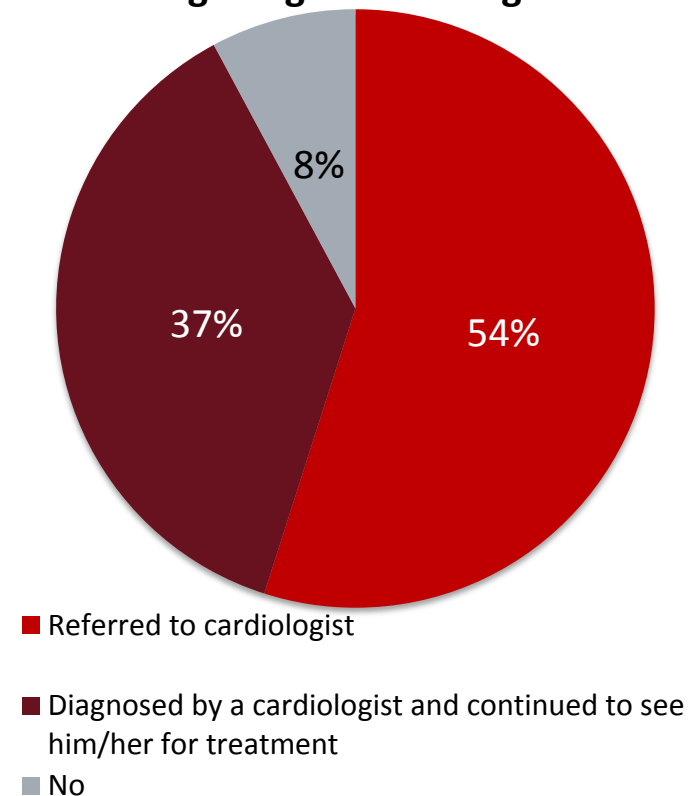
Who Diagnosed AFib?

- 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

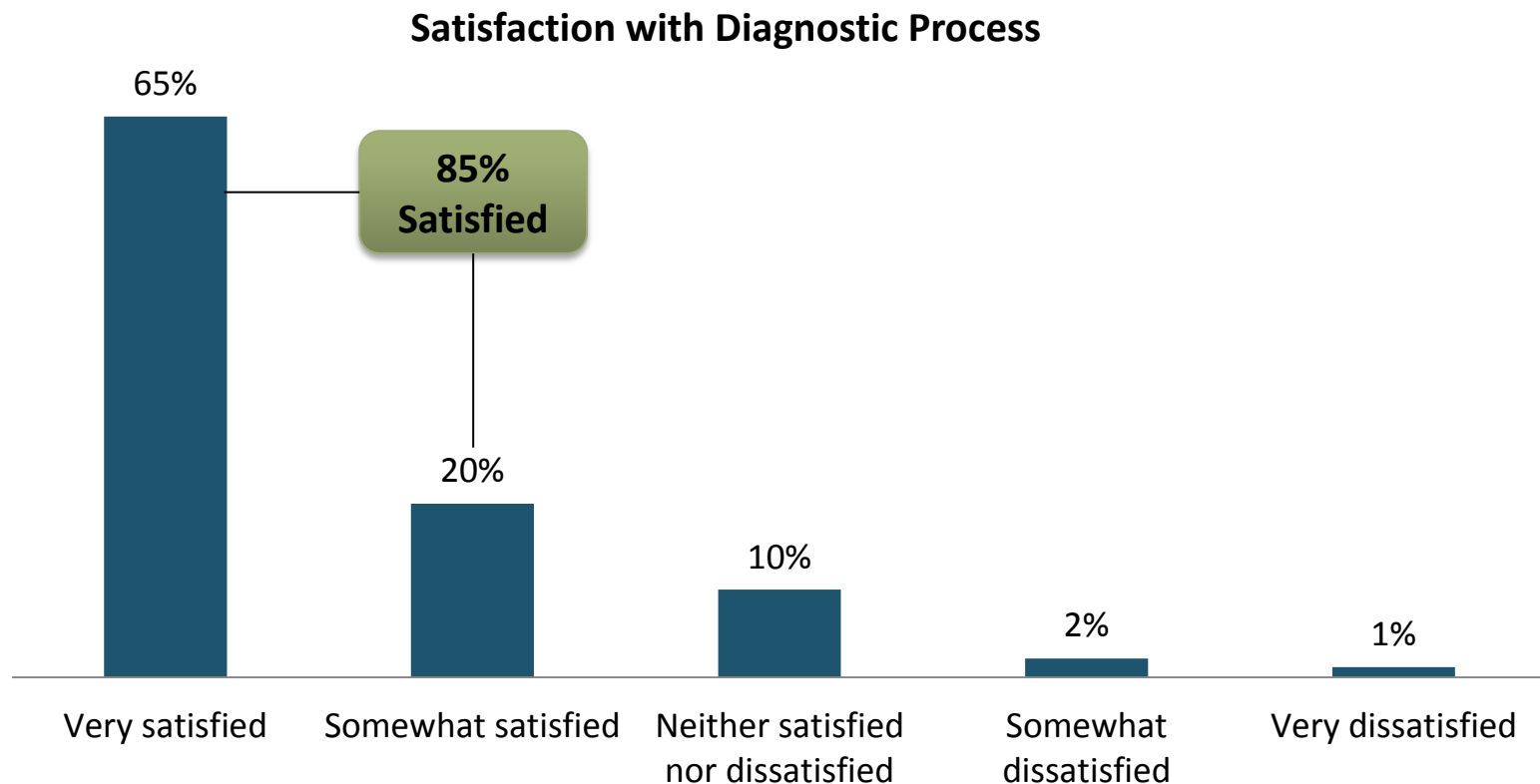


91% were diagnosed by or referred to a cardiologist right after diagnosis.



Satisfaction with Diagnosis

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



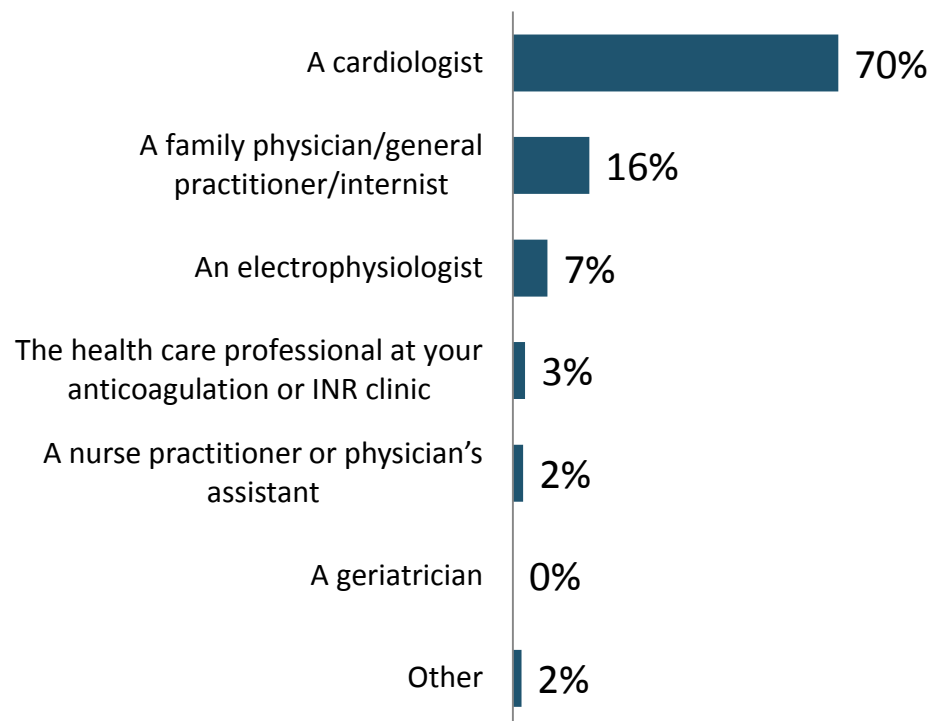
Treatment Process



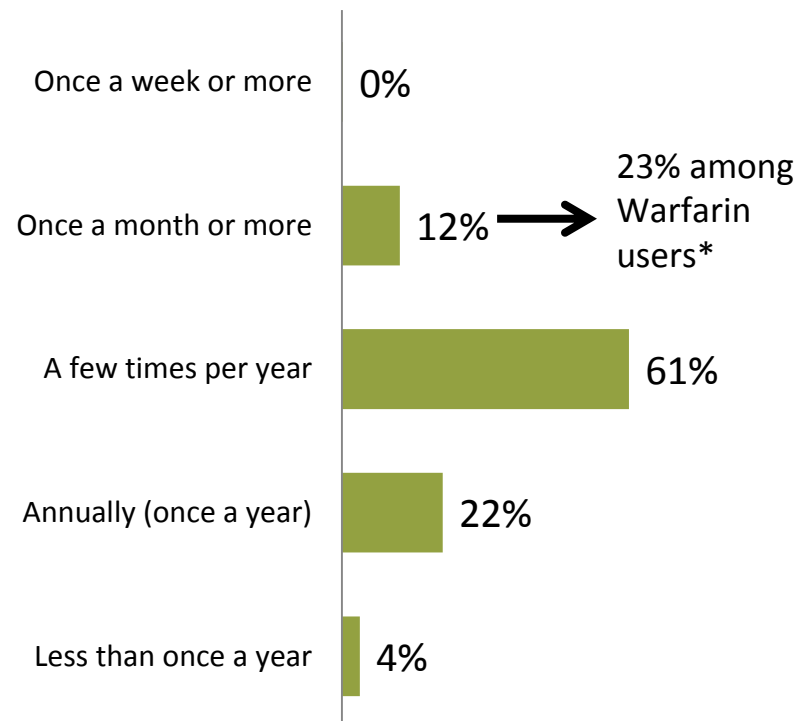
HCP for Treatment

- 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



Frequency of HCP Visits for Treatment

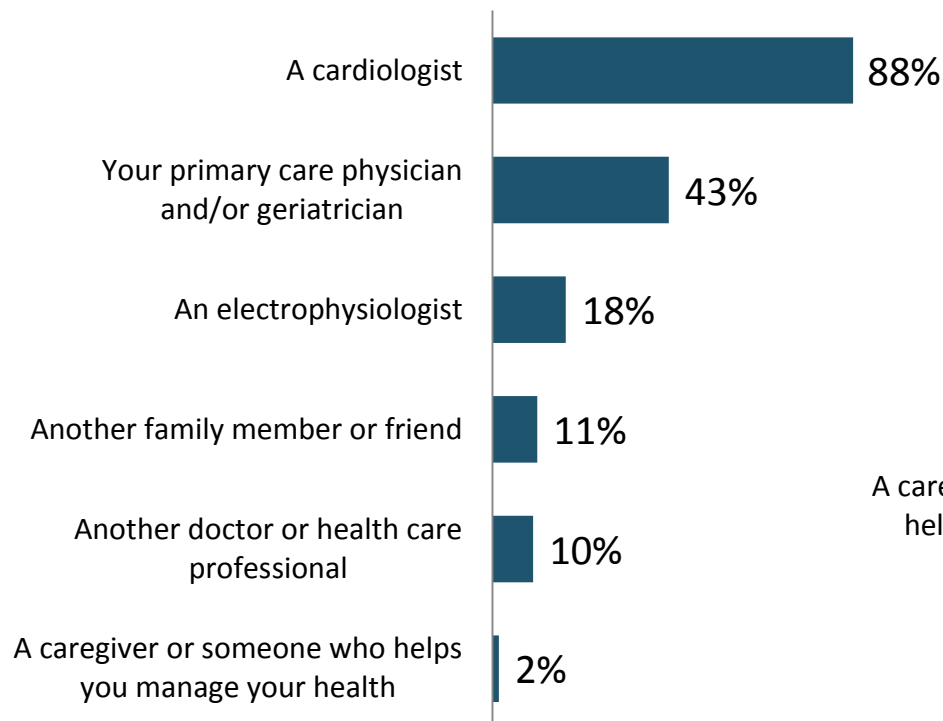


*Based on other data and what we know about the testing requirements for Warfarin, it is likely that many did not count their INR test visits in their responses, making this percentage lower than it should be for Warfarin users.

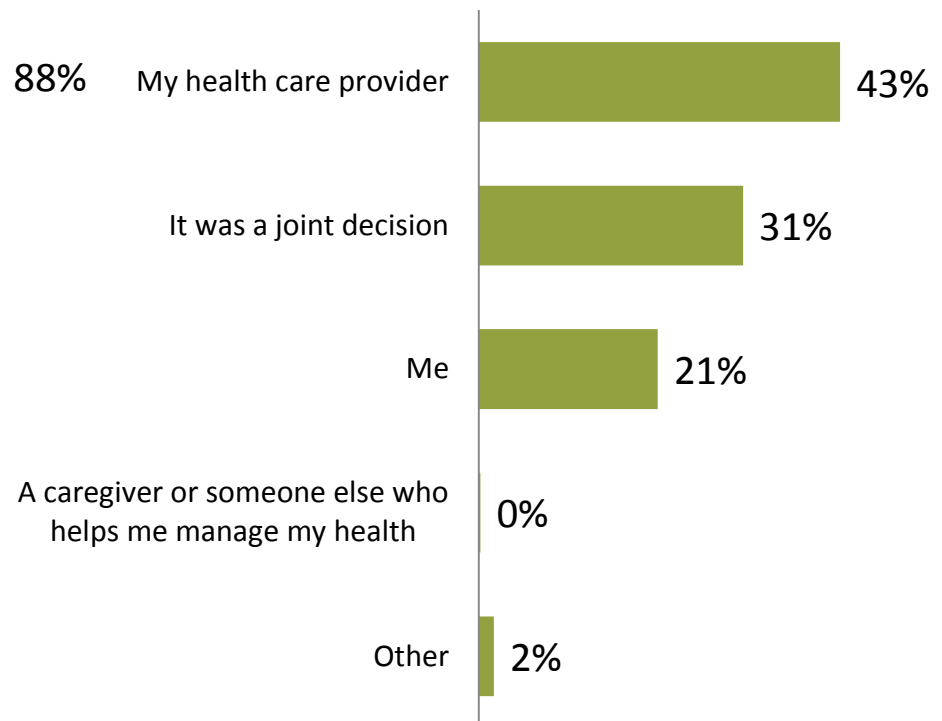
Treatment Decision Makers

- 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



Most Influential in Treatment Decision



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.

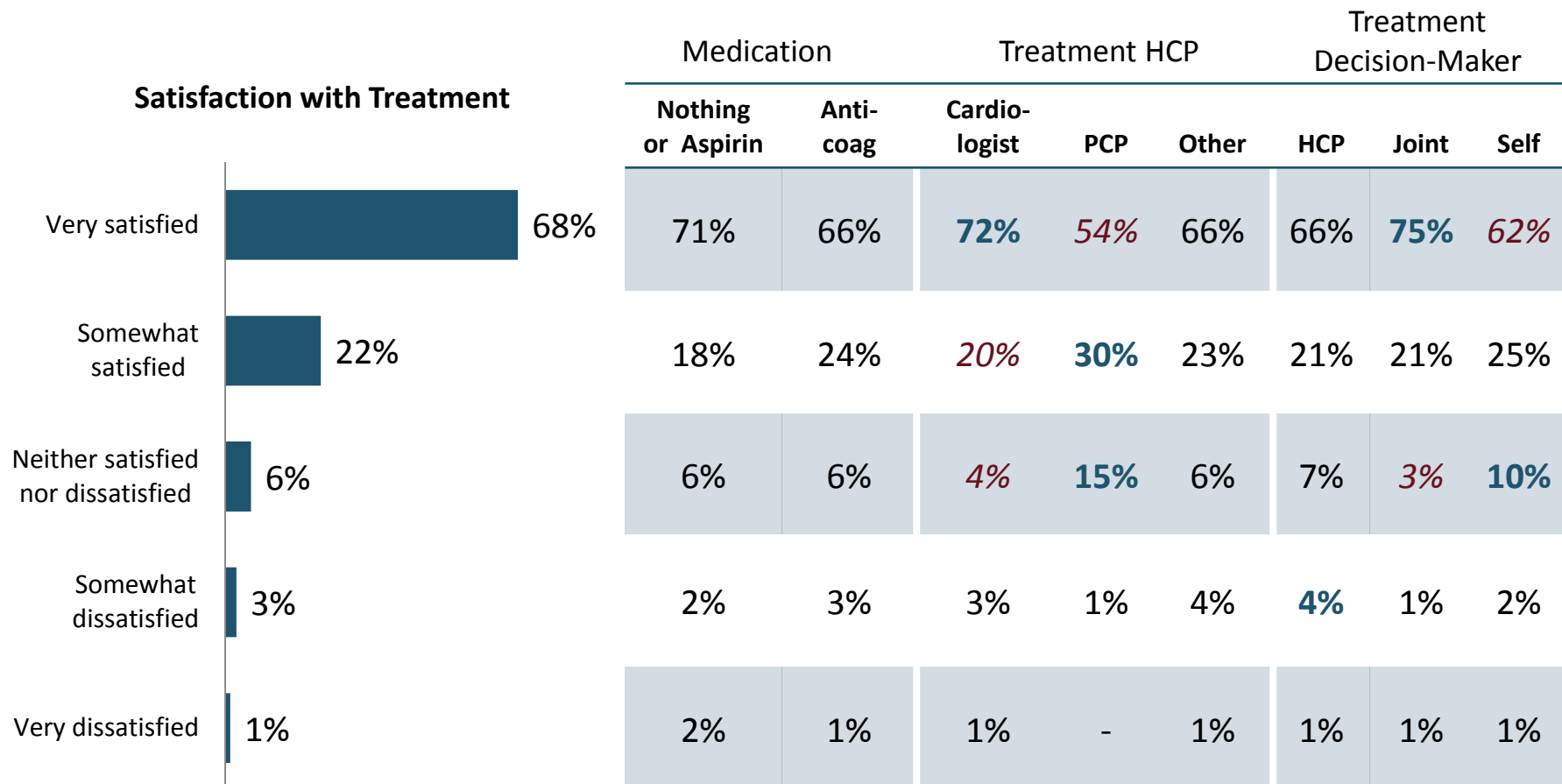
*They asked me about **symptoms when I am not in rhythm**. I cannot tell the difference whether I am in or out. I have had several procedures and medications and still have abnormal rhythm - atrial fibrillation.*

*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.

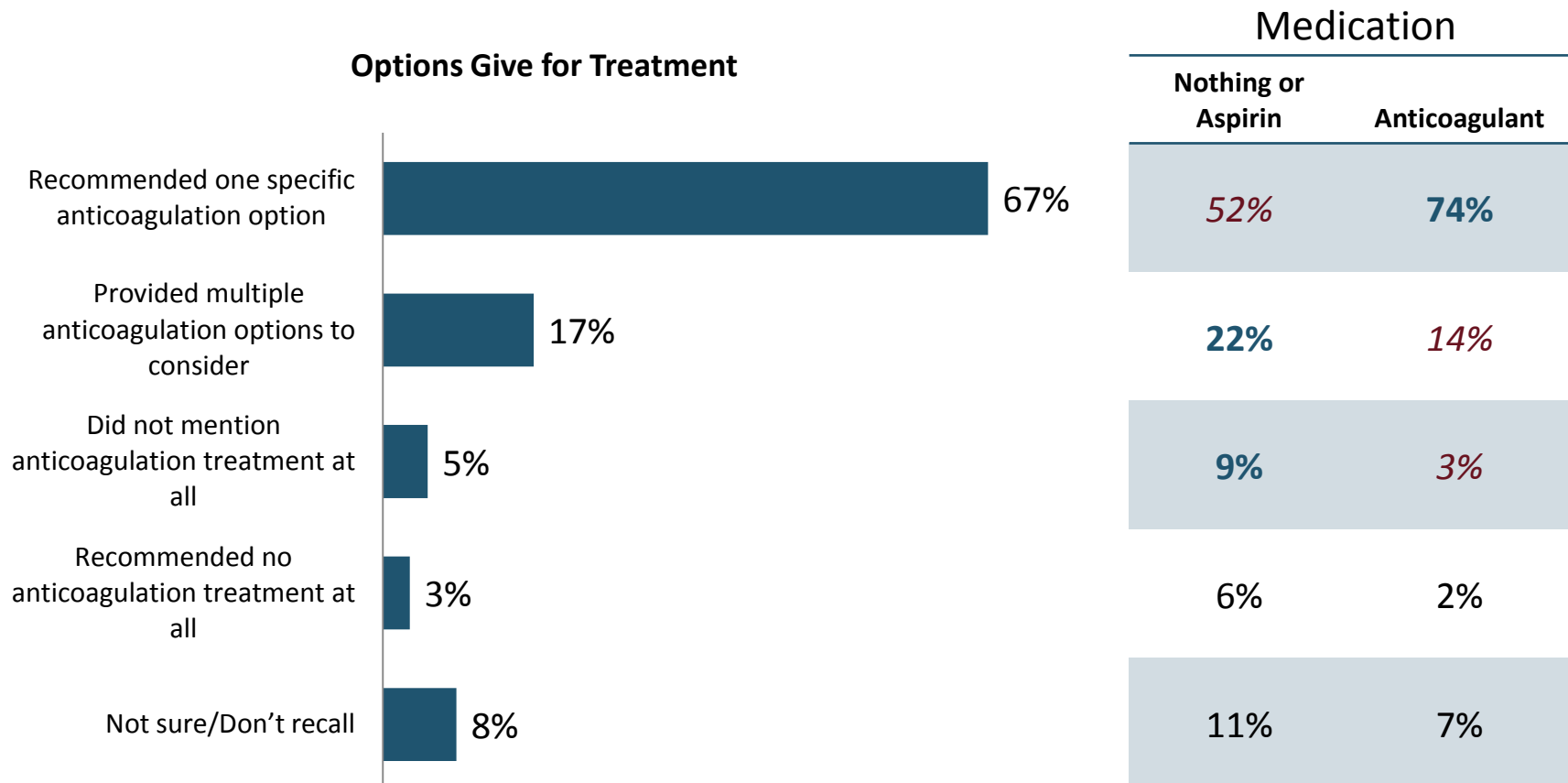


Anticoagulant Medications



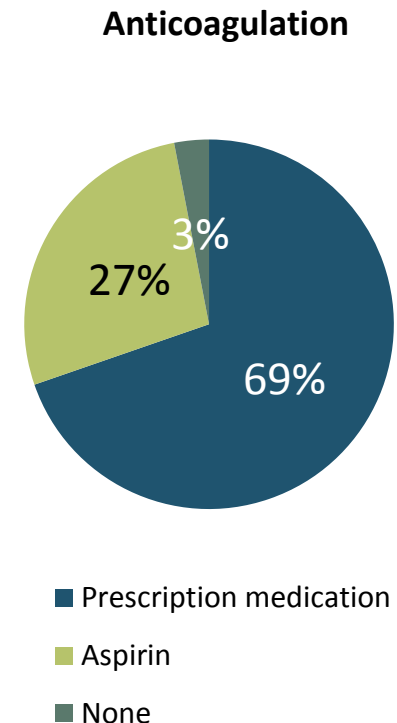
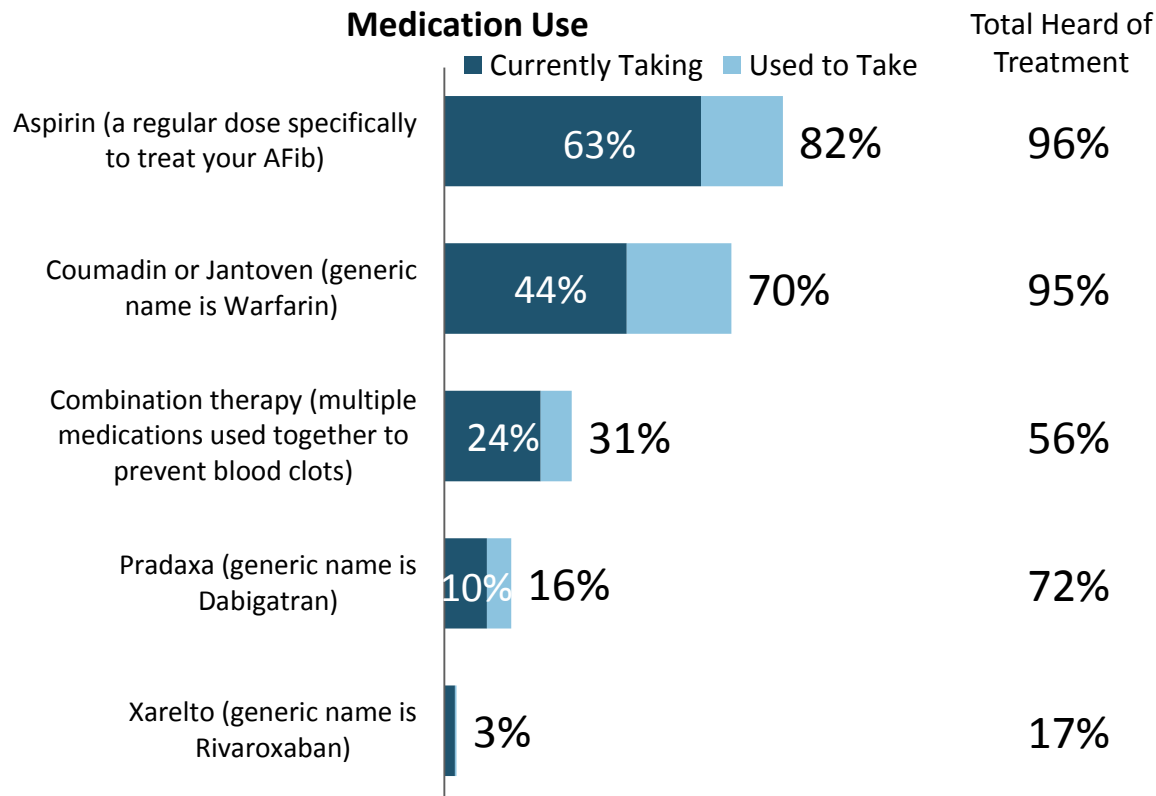
HCP Recommendation on Anticoagulants

- 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.



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.



(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.

Medication (% have ever taken)	Within last 2 yrs	2-6 yrs ago	6-10 yrs ago	10+ yrs ago	Cardio- logist	PCP	Other	Did AFib Research	Didn't Research
Aspirin	81%	87%	82%	79%	85%	76%	79%	79%	89%
Warfarin	56%	73%	71%	76%	68%	71%	77%	71%	66%
Combination Therapy	38%	29%	28%	31%	32%	26%	36%	28%	39%
Dabigatran	27%	15%	17%	12%	19%	1%	19%	20%	10%
Rivaroxaban	6%	1%	4%	2%	3%	-	6%	3%	2%

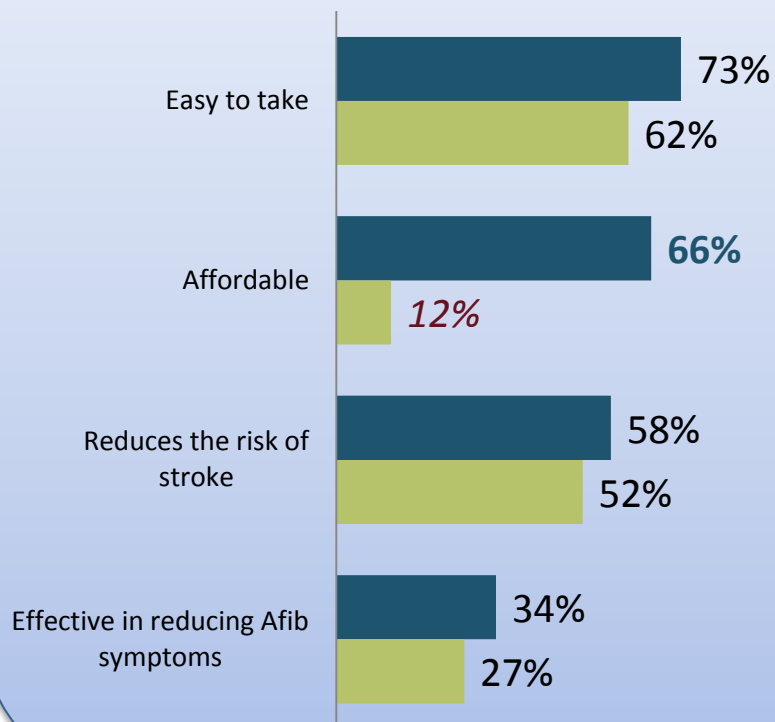
Pros and Cons of Medications

Medication	Pros	Cons
Warfarin	<p><i>"It is a low-cost medication which requires monthly blood checks, but it is a simple procedure, which I don't mind."</i></p> <ul style="list-style-type: none"> • 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 	<p><i>"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."</i></p> <p><i>"You can bleed so easily and should not eat certain foods. It was also used as rat poison years ago."</i></p> <ul style="list-style-type: none"> • Monitoring/monthly tests • Bleeding problems • Bruising • Diet restrictions/effects of certain foods • Used as rat poison
Dabigatran	<p><i>"I no longer have blood clots. Easier drug all around. I no longer have to watch the amount of certain foods."</i></p> <ul style="list-style-type: none"> • No blood tests • Easy to take • Not dietary restrictions 	<p><i>"Expense - if Warfarin were less trouble, I would have stayed on it."</i></p> <ul style="list-style-type: none"> • Cost • Bruising • Can't be exposed to air/have to keep in original package • Heartburn/stomach problems
Rivaroxaban	<p><i>"Once a day tablet and no blood testing. No side effects!"</i></p> <ul style="list-style-type: none"> • No side effects • Once a day • No testing 	<p><i>"The size of the pill. Hard to get just one out of the bottle."</i></p> <ul style="list-style-type: none"> • Size of pill • Cost • Bruising

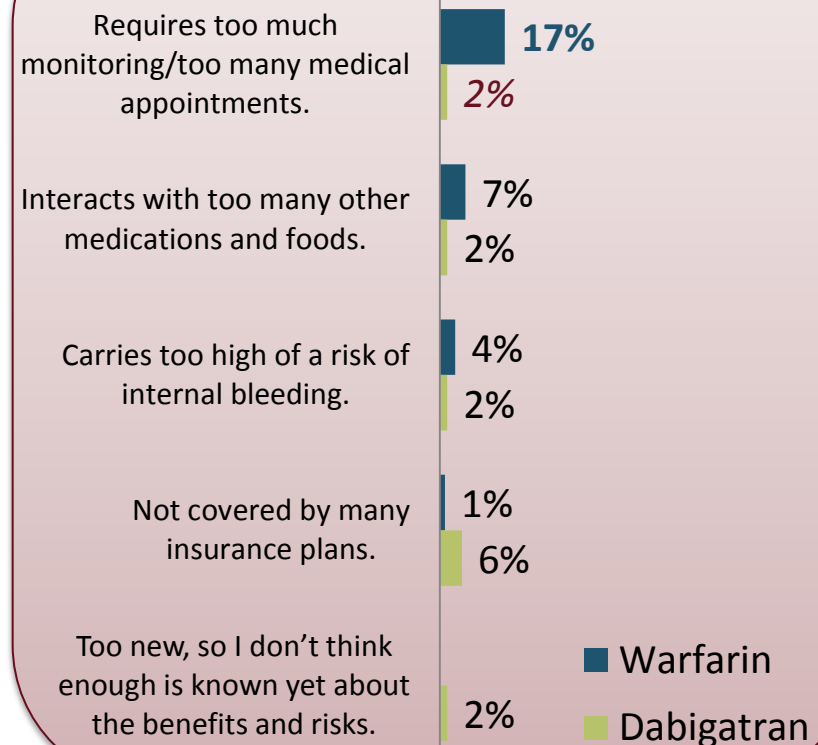
Comparison of Medications: Pros

- 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

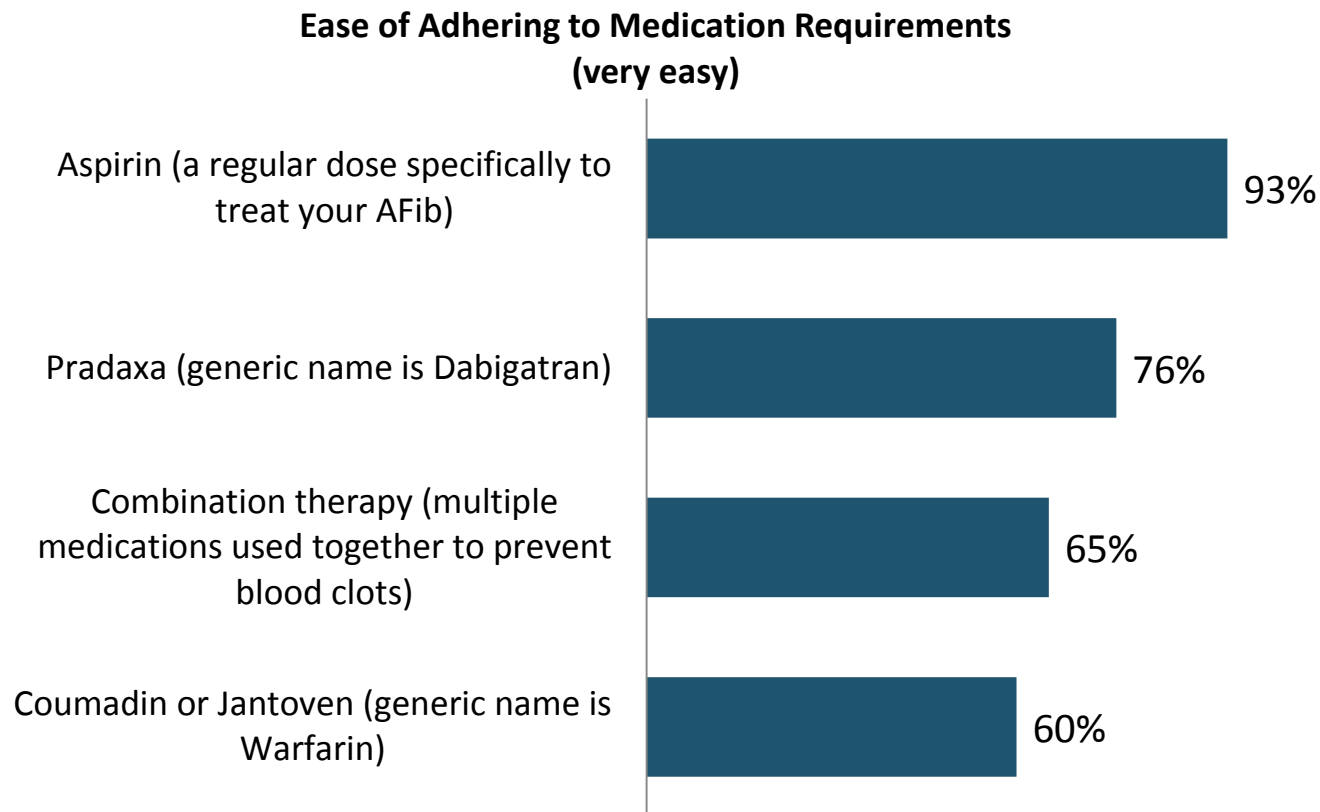


Negative Drug Attributes



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.

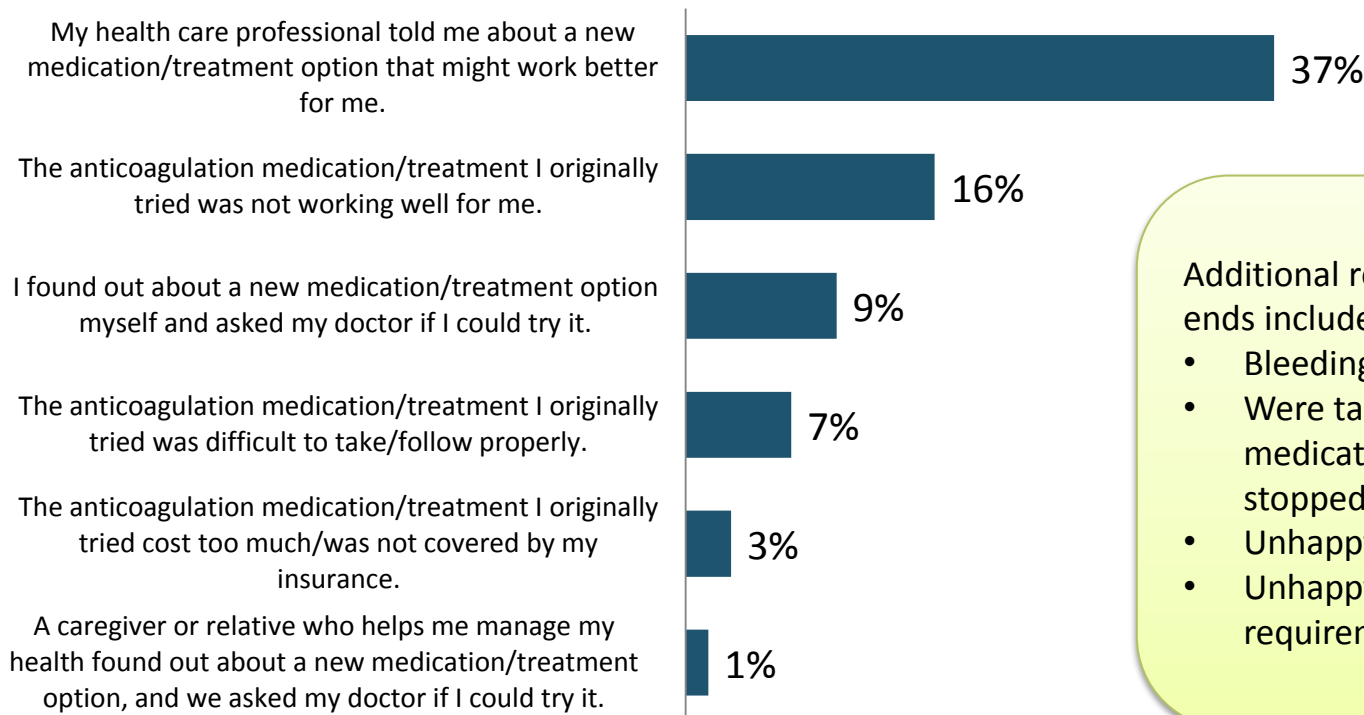


84% say they almost always take their medication when they're supposed to.

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?



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

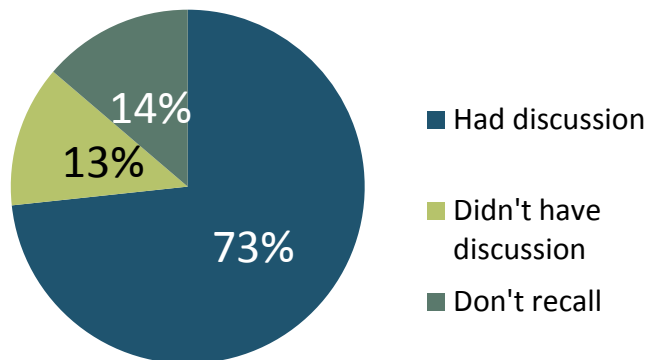
Stroke Risk



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.

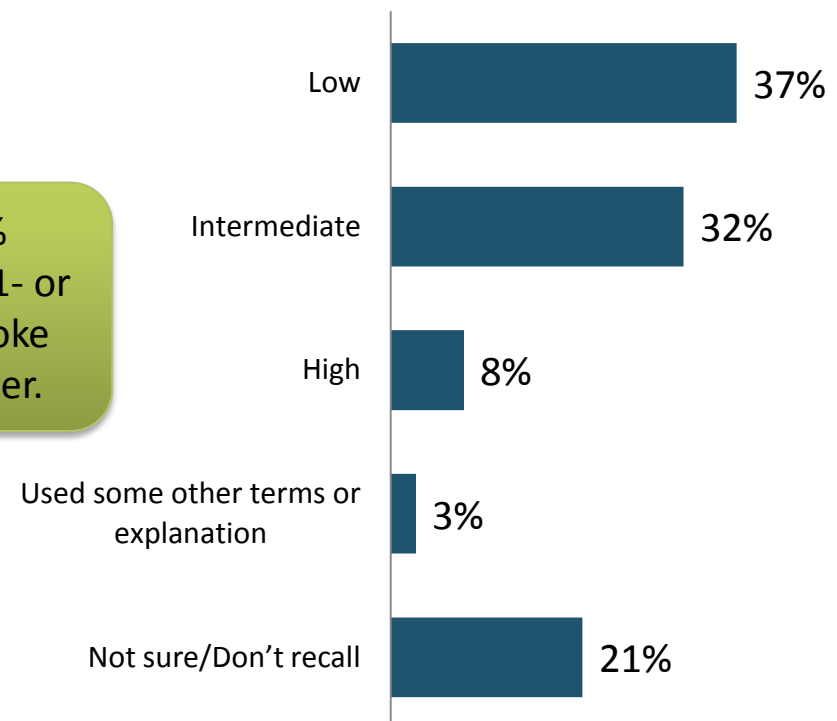
Discussion of Stroke Risk?



	Cardio -logist	PCP	Other
Had Discussion	76%	63%	74%
No discussion	13%	11%	14%
Don't recall	11%	26%	11%

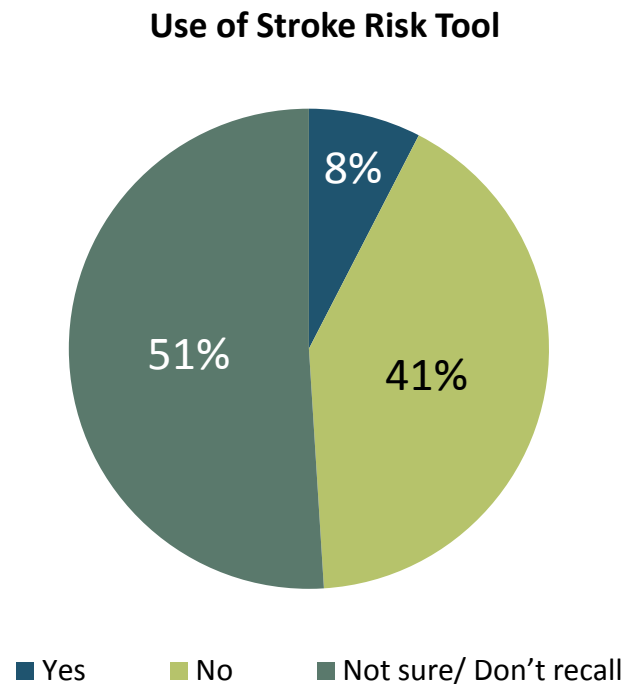
Only 6%
received a 1- or
5-year stroke
risk number.

Stroke Risk from Doctor



Use of Stroke Risk Tools

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



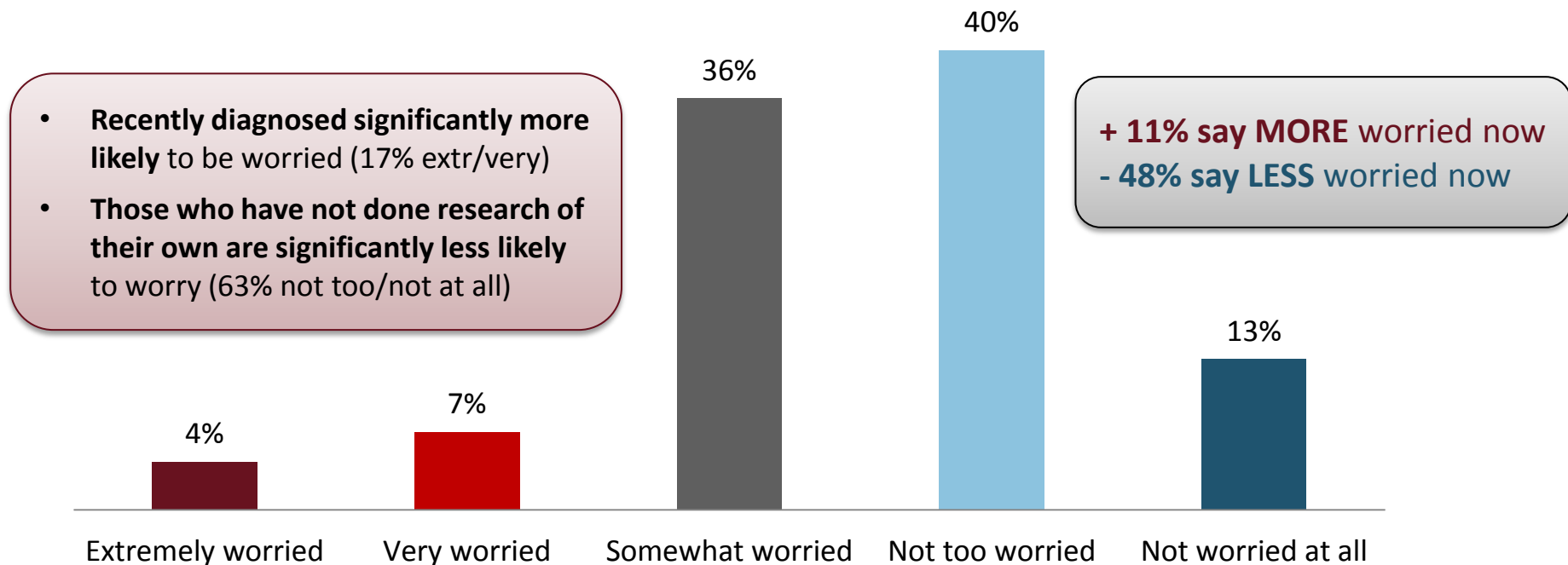
Even those who say yes are **thinking of medical tests** (EKG, angiogram, INR tests) rather than a risk assessment tool.

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.

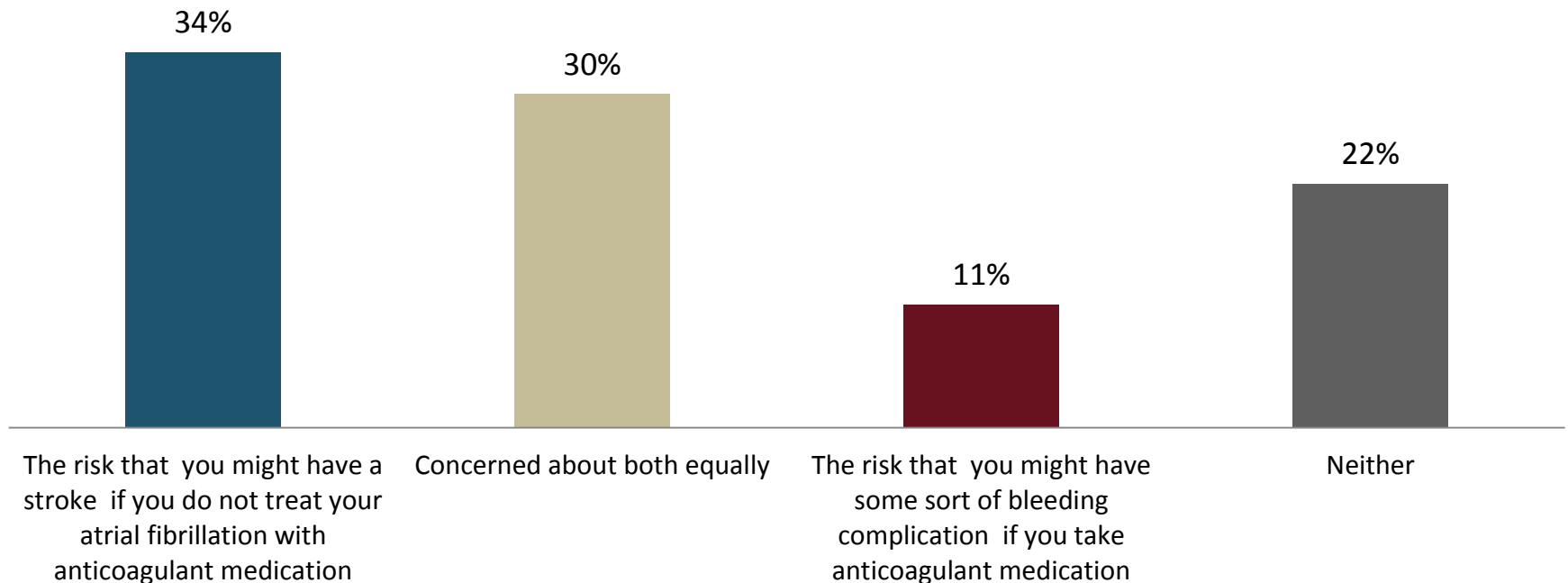
Current Level of Worry about Stroke Possibility



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.

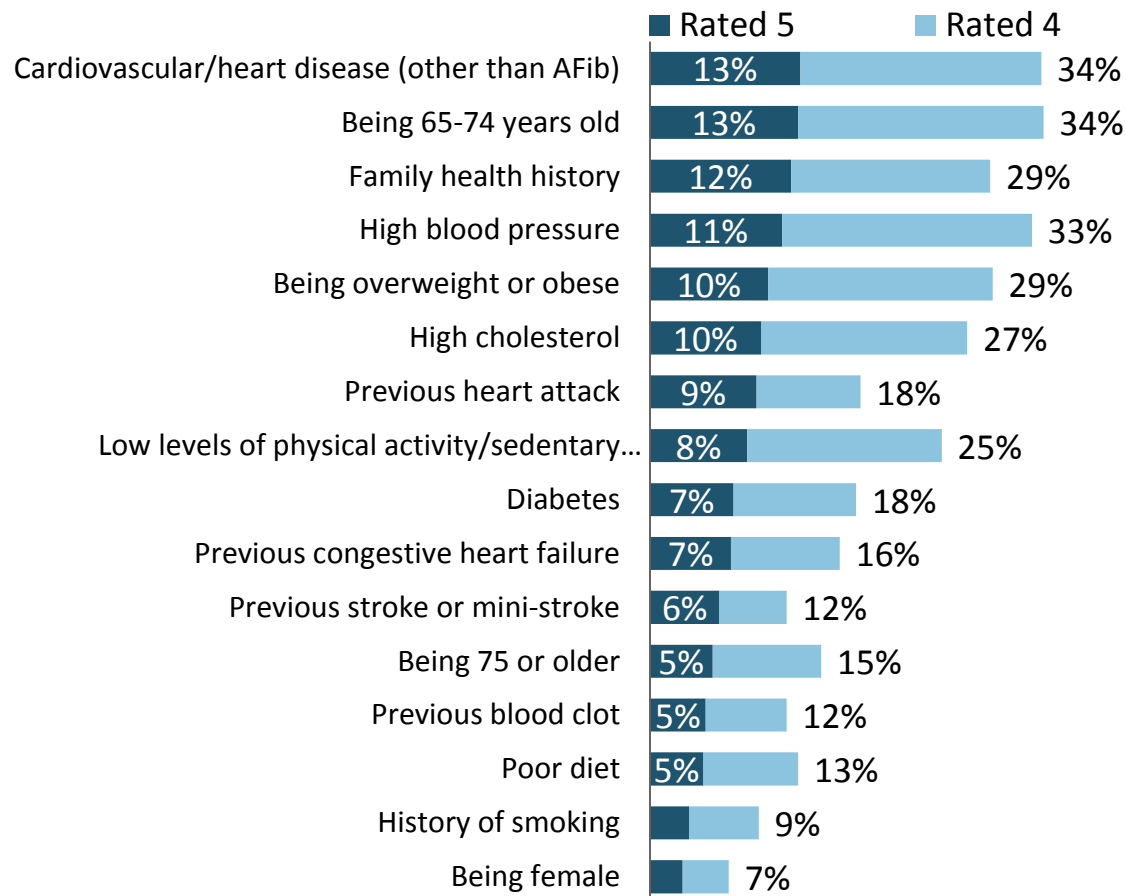
Current Level of Worry about Stroke Possibility



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



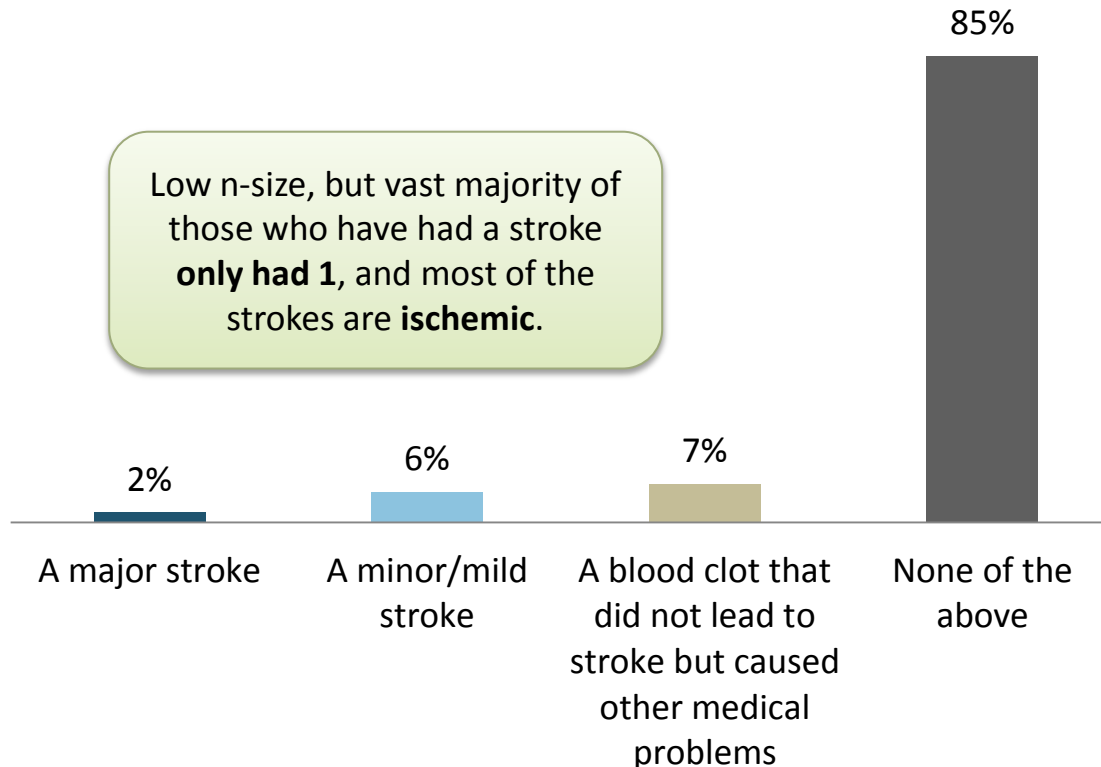
In open-ended responses, risk factors mentioned most often were:

- 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.

Occurrence of Stroke in AFib Patients



More likely to report stroke:

- Age 81+ (18%)
- Less than \$50k HH income (11%)
- Diagnosed 10+ years ago (10%)

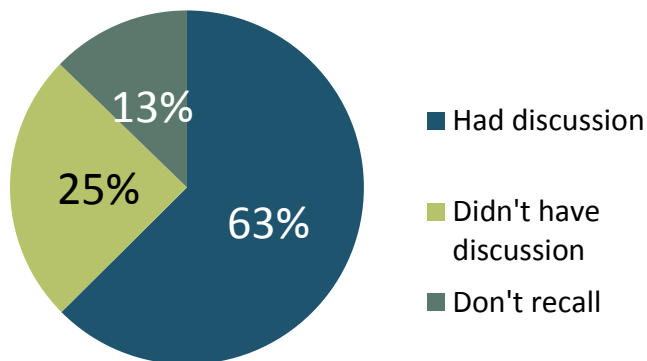
No significant difference by medicated vs. not.

Bleeding Risk

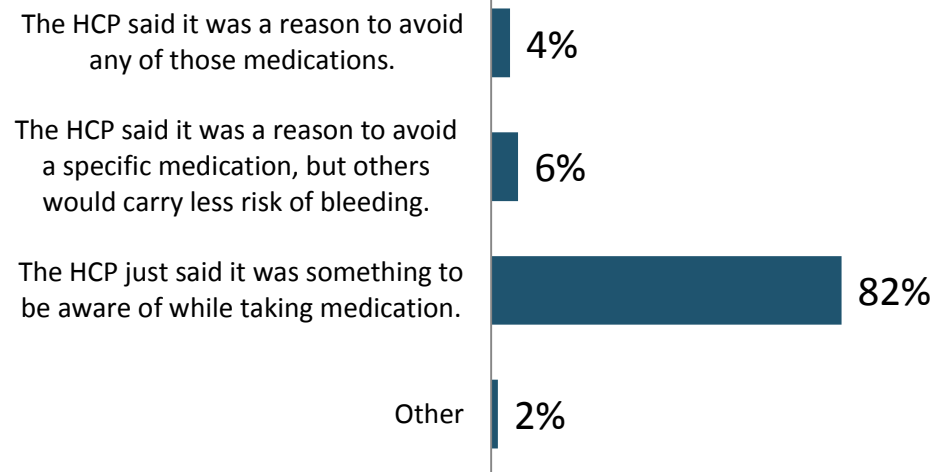
Bleeding Risk Discussion with HCP

- 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 than 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



Bleeding Risk Warning from Doctor



	Within last 2 yrs	2-6 yrs ago	6-10 yrs ago	10+ yrs ago
Had Discussion	63%	58%	59%	71%
No discussion	23%	28%	26%	20%
Don't recall	13%	14%	14%	8%

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.

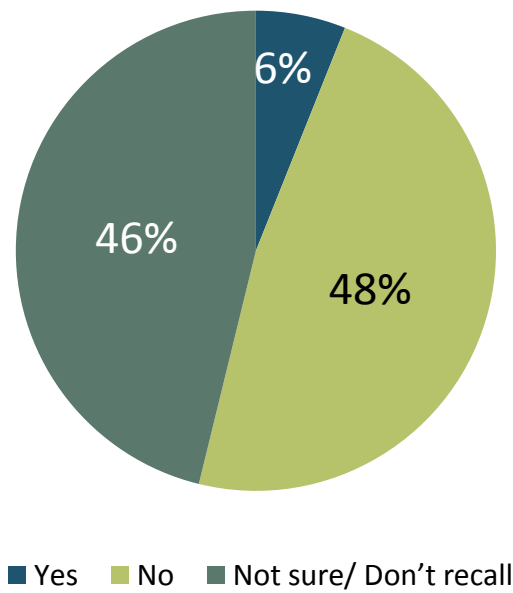
I had questions about the possibility of bleeding and not being aware of it. He explained how I would be feeling if that were to happen.

To be careful about doing things that could cause bleeding. Being sure to stop medication before dental work or surgery.

Use of Bleeding Risk Tools

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

Use of Bleeding Risk Tool

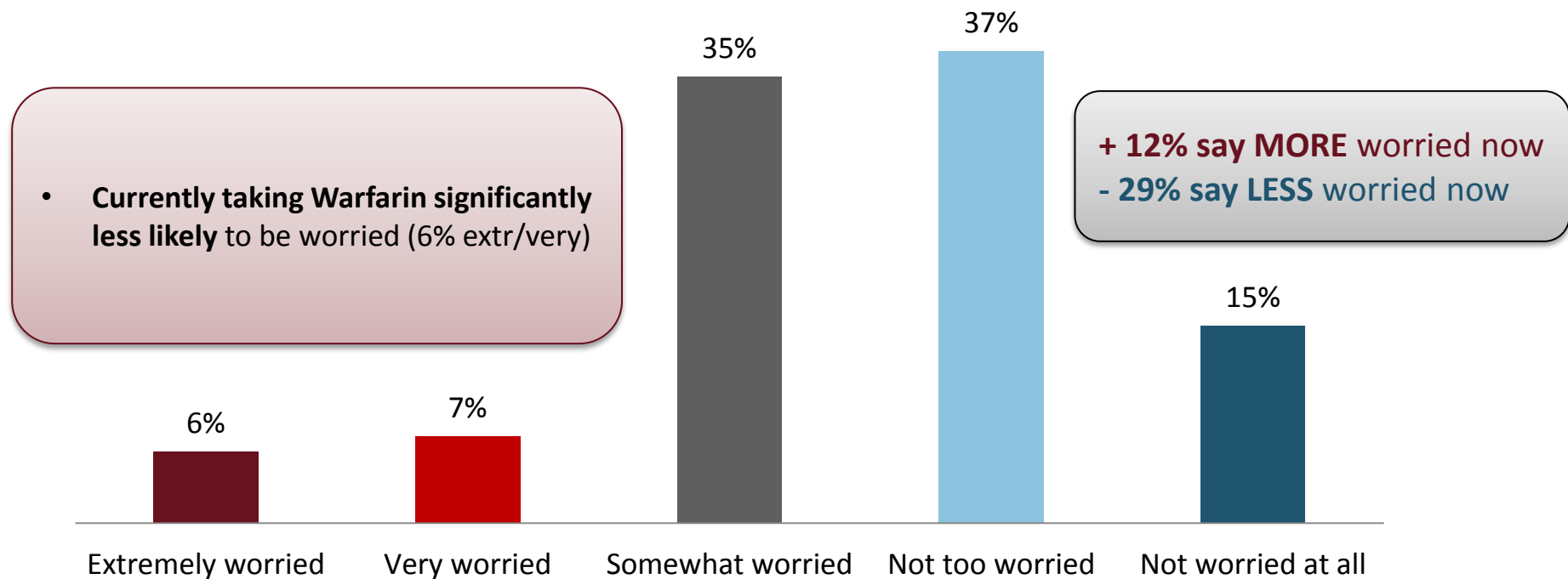


Even those who say yes are **thinking of medical tests** (pro-time monitoring, INR level tests).

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.

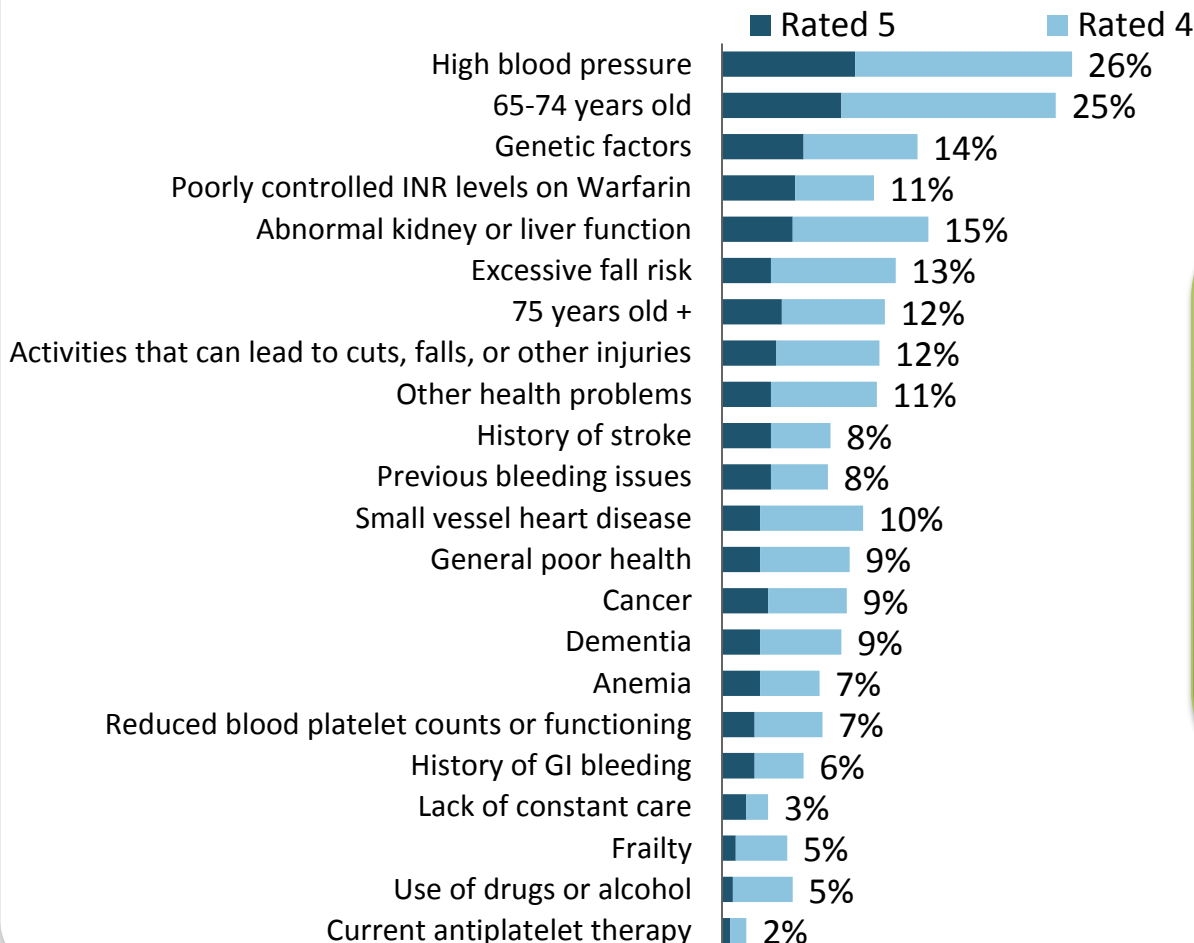
Current Level of Worry about Bleeding Possibility



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



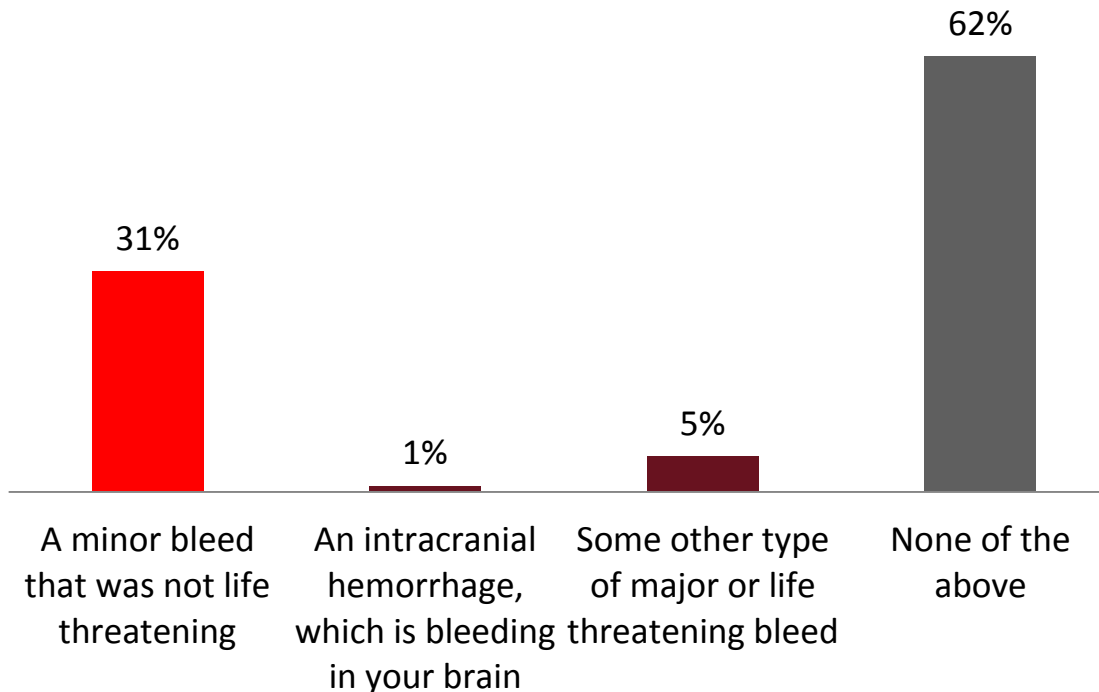
In open-ended responses, risk factors mentioned most often were:

- 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



Warfarin

	Currently take	Used to take	Only heard of
Minor bleed	40%	26%	22%
Intracranial hemorrhage	1%	2%	-
Don't recall	4%	9%	3%

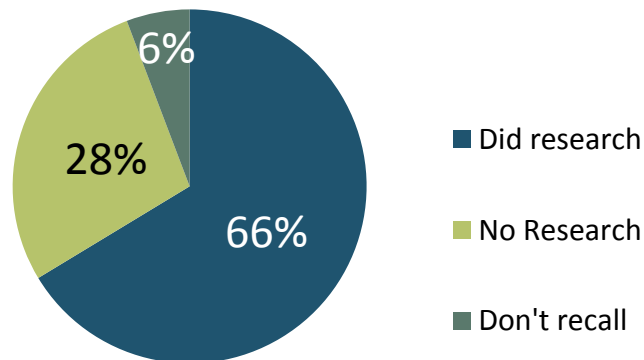
Information Sources



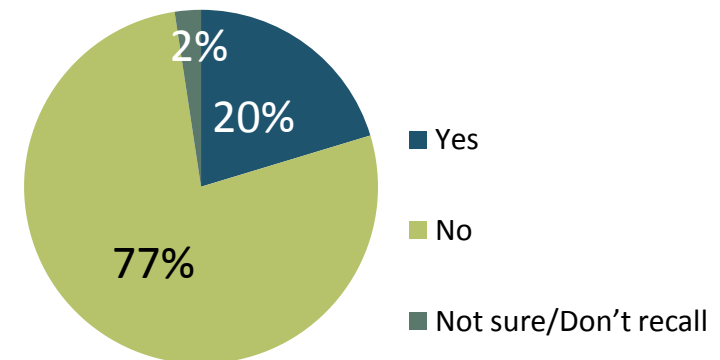
AFib Research

- 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.

Personal Research on AFib



Second Opinion

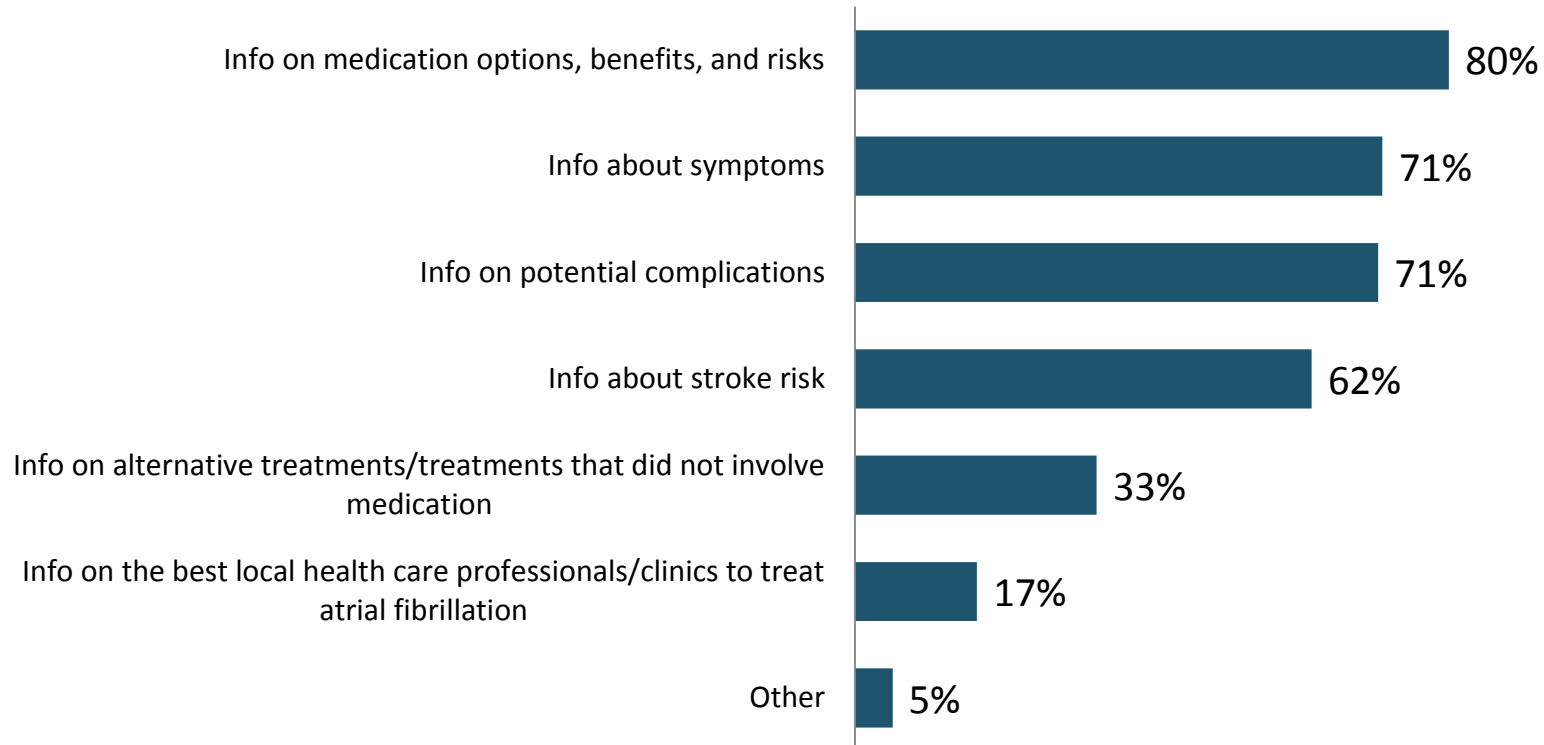


	Diagnosed last 2 yrs	2-6 yrs ago	6-10 yrs ago	10+ yrs ago	Currently take Dabigatran
Did research	76%	68%	62%	65%	82%
No research	23%	26%	30%	29%	17%
Don't recall	1%	6%	8%	6%	1%

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.

Type of Information Sought



Information Channels

- 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

