

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

General practice indicators for NICE menu

Indicator area: Atrial fibrillation

Indicator: NM147

Date: August 2017

Introduction

Atrial fibrillation is a condition of the heart causing it to beat rapidly and irregularly. People with atrial fibrillation are at increased risk of blood clots and stroke. The risk of these complications can be minimised through appropriate use of anticoagulation therapy. NICE Guidance recommends that anticoagulation therapy is offered to all patients with a CHA₂DS₂-VASc score of 2 and male patients with a CH₂DS₂-VASc of 1, taking bleeding risk into account.

Indicator:

NM147: The percentage of patients with atrial fibrillation, currently treated with an anticoagulant, who have had a review in the preceding 12 months which included:

- Assessment of stroke/VTE risk
- Assessment of bleeding risk
- Assessment of renal function, creatinine clearance, FBC and LFTs as appropriate for their anticoagulation therapy
- Any adverse effects related to anticoagulation
- Assessment of compliance
- Choice of anticoagulant.

Source guidance and recommendations

[Atrial fibrillation: management](#) NICE Guideline CG180 (2014)

Recommendation 1.4.1: Use the [CHA₂DS₂-VASc](#) stroke risk score to assess stroke risk in people with any of the following:

- *symptomatic or asymptomatic paroxysmal, persistent or permanent atrial fibrillation*
- *atrial flutter*
- *a continuing risk of arrhythmia recurrence after cardioversion back to sinus rhythm*

Recommendation 1.4.2: Use the [HAS-BLED](#) score to assess the risk of bleeding in people who are starting or have started anticoagulation. Offer modification and monitoring of the following risk factors:

- *uncontrolled hypertension*
- *poor control of international normalised ratio (INR) ('labile INRs')*
- *concurrent medication, for example concomitant use of aspirin or a non-steroidal anti-inflammatory drug (NSAID)*
- *harmful alcohol consumption*

Recommendation 1.5.18: For people who are taking an anticoagulant, review the need for anticoagulation and the quality of anticoagulation at least annually, or more frequently if clinically relevant events occur affecting anticoagulation or bleeding risk.

Rationale

This indicator measures the proportion of patients with atrial fibrillation, currently treated with an anticoagulant, who have had a review in the preceding 12 months which addresses the aspects of care detailed in the indicator. Reviewing the quality of and need for anticoagulation at least annually can ensure that a person's risks of stroke and of having a major bleed are as low as possible.

Biochemical monitoring and assessment of compliance should be tailored to the individual patient and will be influenced by their anticoagulant therapy:

apixaban, dabigatran etexilate, edoxaban, rivaroxaban or a vitamin K antagonist.

Patients taking vitamin K antagonists should have their time in therapeutic range (TTR) calculated at each visit using a validated method, using a maintenance period of at least 6 months and excluding measurements taken in the first 6 weeks of treatment. Poor control is defined as any one of the following: 1) 2 INR values greater than 5 or 1 INR value greater than 8 in the last 6 months, 2) 2 INR values less than 1.5 in the last 6 months or 3) a TTR less than 65%, and should prompt a reassessment of anticoagulation. Factors that may contribute to poor control include cognitive function, adherence to prescribed therapy, illness, interacting drug therapy and lifestyle factors such as diet and alcohol consumption.

The All Wales Medicine Strategy Group Guidance on oral anticoagulants recommends that a full blood count, renal and liver function tests are undertaken at least annually in people prescribed an anticoagulant. Renal impairment may require a reduction in dosage of NOACs and an increased frequency of INR monitoring in those prescribed vitamin K antagonists.

Reporting and verification

See indicator wording for requirement criteria. Stroke/ VTE risk should be assessed using CHA₂DS₂-VAS_C and coded appropriately. Bleeding risk should be assessed using the HAS-BLED tool and coded. Detail of the remaining elements of the review should be tailored to the needs of the patient and recorded using an 'atrial fibrillation review code'.

References

- Atrial fibrillation: management, NICE clinical guideline CG180 (2014)
- All Wales Medicines Strategy Group advice on the role of oral anticoagulants (2016)

- Edoxaban for preventing stroke and systemic embolism in people with non-valvular atrial fibrillation, NICE technology appraisal TA355 (2015)