Preventing Stroke in Patients with Atrial Fibrillation and Intracerebral Haemorrhage: A Qualitative Study of Physicians’ Decision-Making

Elena Ivany, Robyn R Lotto, Gregory Lip, Deirdre A Lane. University of Liverpool, Liverpool John Moores University, Liverpool Heart & Chest Hospital, University Centre for Cardiovascular Science, Liverpool Heart & Chest Hospital, University of Liverpool

Introduction Initiating long-term oral anticoagulation (OAC) therapy in patients with atrial fibrillation (AF) who have sustained an intracerebral haemorrhage (ICH) has clinical equipoise due to the lack of clinical trial evidence. Understanding how physicians make decisions about stroke prevention in these patients will support and improve current decision-making practice and inform future guidelines.

Aim To explore physicians’ decision-making around prescription of long-term OAC for stroke prevention in patients with AF following an ICH.

Methods Qualitative sub-study of the PREvention of STroke in Intracerebral haemorrhage survivors with Atrial Fibrillation (PRESTIGE-AF) trial [NCT NCT03996772]. Semi-structured interviews with data analysed using Framework analysis.

Results Twenty physicians across five European countries (Spain, France, Germany, Austria, UK) participated. The umbrella theme ‘Managing uncertainty’, addressed the process of making high-risk clinical decisions in the context of little available robust trial evidence for best practice. Three sub-themes were identified under the umbrella theme: (1) ‘Computing the Risks’, captured the challenge of balancing the risks of ischaemic stroke with the risk of recurrent ICH; (2) ‘Patient Factors’ highlighted the influence that patients’ health beliefs, previous experience of stroke, and willingness to engage with OAC had on physicians’ decisions; and (3) ‘Making a Decision’ explored the process of reaching a final decision regarding initiation of OAC therapy or not (Figure).

Conclusion Key factors that affected decision-making were patient comorbidities, functional status, and physician-perceived patient willingness to engage with OAC. The sense of clinical equipoise led to physicians relying as much on their personal experience and on joint decision-making with fellow physicians as on available clinical evidence. Shared decision-making between the physician and the patient was believed to be beneficial but physicians believed that the ultimate responsibility to decide on stroke prevention lay with them. Future practice should support physicians in communicating clinical uncertainty to patients and encourage patients and physicians to work together to understand individual patients’ needs.
Conflict of Interest None

78 CARDIOVASCULAR MANIFESTATIONS OF DENGUE

Objective Dengue is one of the most important viral diseases globally and a majority of symptomatic infections result in a benign course. However, a small number of patients develop severe manifestations, including myocardial impairment, arrhythmias, and fulminant myocarditis. This review outlines the incidence of cardiovascular (CV) manifestations of dengue.

Methods Electronic databases, including PubMed/MEDLINE, EMBASE, Scopus, and CINAHL were searched for articles incorporating cardiac manifestations of dengue fever (DF). All article types [randomized controlled trials (RCTs), observational studies (prospective or retrospective), case reports/series, letter to the editors] reporting CV manifestations of DF were included in this review.

Results The literature search identified 2,313 citations from the databases. Out of these, 86 were included in the systematic review. Included studies involved 6,773 patients and 3,122 (46.1%) exhibited at least one cardiac manifestation with DF. Electrocardiogram (ECG) abnormalities (30.6%) included sinus bradycardia (8.8%), non-specific ST-T changes (8.6%), ST depression (7.9%), and T-wave inversion (2.3%). Mechanical sequelae were present in 10.4%, including left ventricular (LV) systolic dysfunction (5.7%), and myocarditis (2.9%). Pericardial involvement was noted as pericarditis (0.1%), pericardial effusion (1.3%), and pericardial tamponade (0.1%). Apart from that, the cardiac injury was depicted through a rise in cardiac enzymes (4.5%).

Conclusion Lack of high-quality evidence creates equipoise. Decision-making is influenced by the risks of major bleeding and ischaemic events, and patient factors.

Conflict of Interest None to declare

79 QUALITATIVE STUDY ON INFLUENCES ON ANTICOAGULANT PRESCRIBING FOR STROKE PREVENTION IN ATRIAL FIBRILLATION

Introduction The licensing of the four direct oral anticoagulants (DOACs) as alternatives to warfarin was followed by increases in overall anticoagulant prescribing for patients with atrial fibrillation (AF) and a shift towards DOACs [1]. Since available anticoagulants possess different characteristics that could be valued differently by different patients, patient preferences need to be understood in this context. This study worked to fill the gap in knowledge about anticoagulant prescribing practice after the introduction of DOACs by exploring the views and preferences of patients with AF on anticoagulants prescribing practice.

Methods Semi-structured interviews with patients with AF living in England were performed between September and December 2020. Convenience sampling recruited study participants. Interviews were either conducted online or by telephone depending on participants’ preferences. Interviews were transcribed verbatim and field notes were taken after each interview. Transcripts were thematically analysed using NVIVO 12 software for qualitative analysis.

Results Nineteen patients with AF were interviewed; participants varied in their experience with AF and experience with anticoagulants. Analysis of transcripts identified five main themes related to influences on prescribing, these were: balance of risks and benefits, drug characteristics, information about anticoagulants, cost, and decision-making. The balance of stroke and bleeding risks was considered by all patients when deciding to initiate anticoagulation; patients accepted the bleeding risk associated with anticoagulation in order to reduce stroke risk. Drug characteristics, namely: monitoring requirements, lifestyle restrictions, and dosing regimens, influenced the choice between warfarin and DOACs and the choice of individual medications. A few participants who switched from warfarin to DOACs discussed the difference in direct costs with their physicians, but cost was not a barrier to switching. Participants talked about information sources about anticoagulants and referring to other people’s experiences as factors influencing their perceptions and preferences for a particular anticoagulant. Physicians were trusted to make the