

# Evaluation of anticoagulation appropriateness post-ischaemic stroke secondary to atrial fibrillation

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## Background and Aim

Atrial fibrillation (AF) is an independent risk factor for ischaemic stroke. Current guidelines recommend anticoagulation for all patients at a high risk of stroke ( $\text{CHA}_2\text{DS}_2\text{-VA} \geq 2$ ).<sup>1</sup> The Australian Heart Foundation and Stroke Guidelines recommend commencing anticoagulation in patients with AF within 1 to 14 days post-stroke, depending on stroke severity and risk of haemorrhagic transformation. These guidelines also recommend initiating anticoagulation prior to discharge to ensure timely commencement.<sup>1,2</sup>

The aim of this study was to evaluate the appropriateness of anticoagulation post-ischaemic stroke in patients with AF.

## Method

We conducted a prospective audit of patients admitted under the stroke team at the Royal Brisbane and Women's Hospital (RBWH) from March to July 2019 with ischaemic stroke secondary to AF.

The appropriateness of anticoagulant selection and dose was assessed by the following: stroke risk, age, weight, renal function and presence of other medical conditions that preference use of a particular anticoagulant.

Anticoagulation was then considered appropriate if commenced as an inpatient or if plans to initiate anticoagulation post-discharge were enacted.

## Results

**Cohort characteristics:** A total of 22 patients were included in the study. The average age of patients was 70 years (range = 29-87), and females comprised 55% of the study population. Patients had an average length of stay of 12 days. Their average  $\text{CHA}_2\text{DS}_2\text{-VA}$  score was 4 (range = 2-6).

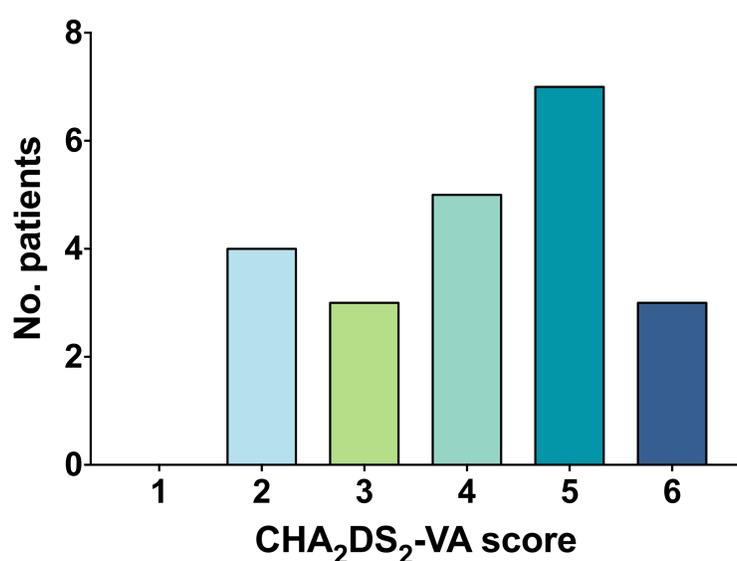
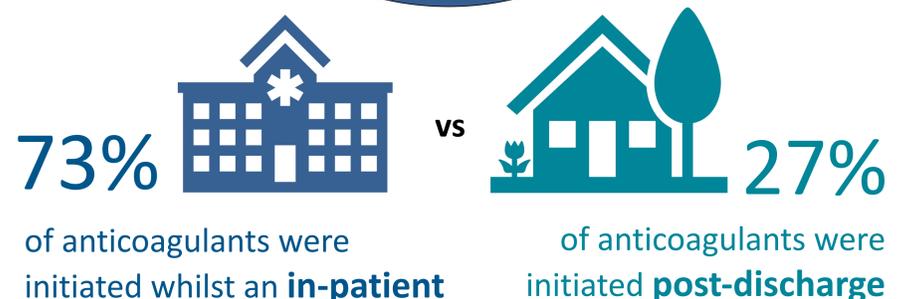


Figure 1. Distribution of stroke risk stratification

## Results



## Conclusion

Based on this study, anticoagulant prescribing post-ischaemic stroke in patients with AF is appropriate. However, in contradiction with current guidelines, 1 in 4 patients were initiated on anticoagulation post-discharge.

In this study, the barriers to initiating anticoagulation were ensuring resolution of haemorrhagic transformation and awaiting confirmation of AF via a Holter. Therefore, the challenge remains for AF to be diagnosed in hospital to allow timely commencement of anticoagulation.

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## References

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2. Clinical guidelines for stroke management. Melbourne (Vic); Stroke Foundation; 2017.