

Prescribing anticoagulants in the ED for atrial fibrillation increases long-term use by 30%

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Patients prescribed anticoagulants after a diagnosis of atrial fibrillation in the emergency department are more likely to continue long-term use of medications to treat the condition, according to research published in *CMAJ (Canadian Medical Association Journal)*.

"In this multicentre study in Ontario, Canada, providing an oral anticoagulant prescription in the [emergency department](#) to patients with [atrial fibrillation](#) who were older than 65 years was associated with a marked increase in long-term use of this therapy," writes Dr. Clare Atzema, a senior scientist with ICES and the Division of Emergency Medicine, University of Toronto, with coauthors.

More than 33 million people around the world have atrial [fibrillation](#), that is, an irregular heart beat that is associated with a fivefold increased risk of stroke as well as other cardiac issues. Use of oral anticoagulants can decrease stroke risk by 60%.

Usual practice is to refer patients seen in the emergency department for atrial fibrillation to [primary care](#) or a cardiologist for anticoagulant prescription and follow-up.

In this study performed at 15 centres in Ontario, researchers found that if an oral [anticoagulant](#) was prescribed in the emergency department to patients aged 65 years or older who were not at high risk of bleeding,

there was a 31% absolute increase in the tendency to fill the prescription at 6 months, compared with referral to the patient's physician to consider starting the medication.

"Physicians working in the emergency department should consider initiating oral anticoagulants in similar patients [patients with atrial fibrillation] who are being discharged home, because this action is associated with improved use of stroke prevention long after the patient leaves the emergency department," the authors recommend.

"Prescribing of oral anticoagulants in the emergency department and subsequent long-term use by older adults with atrial fibrillation" is published December 9, 2019.

More information: *Canadian Medical Association Journal* (2019).
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