Summary

Atrial fibrillation (AF) is the most frequent arrhythmia in clinical practice and is the strongest independent risk factor for stroke (***Wolf et al., 1991)***. Stroke occurs in approximately 5% of the nonvalvular AF (NVAF) patients, but this figure increases to 12% if the patient has had a previous stroke or transient ischemic attack (TIA) ***(Wolf et al., 1991),*** while the risk of stroke increased 17 folds in valvular AF ***(Bungard et al., 2000).***

Despite clear and consistent recommendations ***(Singer et al., 2008)***, Several factors contribute to suboptimal use of warfarin therapy, inconvenience of monitoring the international normalized ratio (INR), risk of hemorrhage ***(Birman-Deych et al., 2006).*** Thus, new oral anticoagulants are needed.

This present cross sectional analytic study was conducted on 200 AF patients in Kalubia government whom were eligible for antithrombotic therapy.

The aim of the work is to determine the use of antithrombotic therapy for the treatment of patient with atrial fibrillation and to survey the knowledge of antithrombotic therapy for atrial fibrillation in Kalubia government.

Our patients were presented to Benha University Hospitals, Benha Teaching Hospital & Benha Health Insurance Hospital.

The following data collected from the patients: personal history, admission details, thromboembolic, haemorrhagic complications and other manifestations. Investigations done to the patients were PC, PT, INR, and trans thoracic echocardiography (TTE).

Our Patients divided into 2 groups: group A (patients whom received oral anticoagulation regularly, they divided into 2 subgroups AI: Controlled INR & A2: non controlled INR) and group B (patients whom not received oral anticoagulation).

The present study included 200 patients, 83 (41.5%) females and 117 (58.5%) males, their age range from 20 to 87 years. 186 (93%) patients have chronic (permanent) AF and 14 (7%) patients have paroxysmal recurrent AF, our Patients have either one high risk factor of stroke or more than one moderate risk factor of stroke.

The commonest underlying causes of AF in our cases were IHD was present in 117 (58.5%) of cases; hypertension was present in 80 (40%) of cases, while RHD was present in 78 (39%) of cases, diabetes mellitus was present in 70 (35%) of cases and finally heart failure was present in 54 (27%) of cases. Furthermore, AF was more common in middle aged patients where 66.5% of patients were below the age of 65 years, 23.5% were between 65 to75 years and 10% were older than 75 years.

Unfortunately, group A were only 76 (38%) patients, their mean age was (50.07±12.1) years, 33 (16.5%) females and 43 (21.5%) males.

Group A1 were 28 patients (36.8%) of group A, group A2 were 48 (63.2%) from group A patients.

Group B were 124 (62%) patients, their mean age was (63.3±12.4) years, 50 (25%) females and 74 (37%) males, in twenty three (11.5%) patients discontinue warfarin use due to several factors as socioeconomic problems or the occurrence of bleeding complications, and only 12 (6%) patients didn't receive warfarin due to high bleeding risk.

Twenty three (11.5%) patients received both oral anticoagulation and ASA, while 91 (45.5%) patients received ASA alone (table 19 and figure 12).

In our patients, 59% of them were younger than 55y received oral anticoagulation while 5% of them older than 75y not received oral anticoagulation, the difference were statistically significant (table 12 and figure 5).

By comparison between the two groups as regard the residence 32.8% patients whose lives in rural areas received oral anticoagulation compared

with 48.5% of whose lives in urban areas, the difference was statistically significant (table 14 and figure 7).

Also as regard the marital state 66.7% of single patients and 41.95% of married patients received oral anticoagulation compared with 11.5% of widow patients received oral anticoagulation, so the difference was statistically significant (table 15 and figure 8).

And also as regard the occupation 83.4% of professionals and 55.9% of employee received oral anticoagulation compared with 24.2% of retired patients and 17.2% of workers received oral anticoagulation, the difference was statistically significant (table 16and figure 9).

Prosthetic heart valves and rheumatic heart disease, associated with high frequency of oral anticoagulation use (92 & 75.6% respectively) in our study; on the other hand hypertension, coronary artery disease, diabetes mellitus and heart failure (18.8, 23.1, 21.4 and 38.9% respectively) were associated with low rates of warfarin use, the difference was statistically significant (table 18 and figure 11).

The estimated incidence of bleeding complications in patients taking warfarin was 10% overall and 2.5% for intracranial haemorrhages (table 22 and figure 15).

Thromboembolic complications of AF in our study were present in 48 (24%) of our patients, 4.5% in group A compared with 19.5% in group B, the difference was statistically significant (table 21 and figure 14).

So, most of patients with AF in kaliubia did not receive appropriate antithrombotic therapy due to several factors.