Eligibility for Anticoagulation in Elderly Patients With Atrial Fibrillation

To the Editor:

Hylek et al concluded in a recent publication that hospitalized elderly patients with atrial fibrillation (AF) may not be optimal candidates for anticoagulation therapy because of their many contraindications.1 However, hospitalized patients enrolled in this study may not be representative of the patients with AF and the results are not necessarily generalizable to clinical practice including outpatients, because most of patients with AF appears to be managed by the general practitioner, and in fact, only one-third of patients with AF have been admitted for AF.2 In contrast to the high rate (48%) of contraindication in hospitalized patients, recent prospective studies have shown that only 10% to 25% of outpatients with AF have contraindications for anticoagulation.3–5 In general, hospitalized patients are liable to have frailty and comorbidity compared with outpatients.

In order to study relations between antithrombotic therapy for AF and outcome events, we enrolled consecutive outpatients with AF who attended our clinic from April 1997 to April 2005. All patients were followed-up for at least >1 year. Treatment was left to the decision of each attending general practitioner. In this cohort, we prospectively assessed eligibility for anticoagulation and prescription rate of warfarin. Of 120 patients with AF, 112 (93.3%) had at least 1 or more risk factors for stroke and 88 (73.3%) were at high risk for stroke according to a risk stratification scheme.6 The mean age of the high-risk patients was 77 years and 58 (65.9%) of them were 75 years and older. Of the high-risk patients, contraindication for anticoagulation was identified in only 11 (12.5%) patients: 1 had documented gastric ulcer, 1 had documented gastro-intestinal bleeding, 5 had dementia, 1 had alcoholism, and 3 had poor clinic compliance. Warfarin was prescribed in 74 (61.7%) of all patients and 69 (78.4%) patients of the high-risk patients. Thus, results of previous studies and ours suggest that warfarin can be used in the majority of elderly outpatients at high risk for stroke as good candidates for anticoagulation in actual clinical practice. Physicians should make further efforts to perform anticoagulation for stroke prevention because warfarin is underused even in eligible patients with AF to date.7

Disclosures

None.

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