

How can you encourage medicines optimisation to improve management of atrial fibrillation?

In this article, **Hayley Berry** complements the information in the medicines optimisation briefing on atrial fibrillation.

These briefings have been developed for pharmacists and pharmacy teams working in Great Britain.

Medicines optimisation is all about supporting patients so that they get the best possible outcomes from their medicines. It means using effective consultation skills (see: www.consultationskillsforpharmacy.com) in talking and engaging with individuals to understand their beliefs and concerns about their medicines and what they would like their medicine to achieve. It also involves ensuring that the medicine chosen for the patient is clinically appropriate, safe, effective and will help them to achieve their goals. It is about supporting the patient to continue to use their medicines in a way that fits with their lifestyle.

The medicines optimisation briefings we have produced are for pharmacy professionals working in all sectors of healthcare. We believe that, as experts in medicines and their use, pharmacy professionals are well placed to support patients to get the best outcomes from their medicines.

Atrial fibrillation

The briefing distributed with this issue of *The Pharmaceutical Journal* focuses on how pharmacy professionals can work with patients to improve the management of their atrial fibrillation (AF). This is one of a series of briefings that complement and build on each other. The content is not intended to be exhaustive; the aim is to improve your understanding and approach to AF.

How can pharmacy teams support people with atrial fibrillation to improve their outcomes?

Here are some ideas for how pharmacy teams can help patients with AF to support medicines optimisation, in addition to those in the briefing. As you will see even if you do not specialise in this topic there are still plenty of opportunities to make a difference.

Patient experience

- Be aware that patients who are newly diagnosed with AF will have a lot of information to digest so do not overwhelm them with more once they arrive in the pharmacy; be able to offer further information or signposting when they are ready.
- Recognise that patients who have had AF for a while may already know a lot about their condition and treatment, so ask them what they already know and if there is anything else they would like to know.
- Ask patients what they expect from their medicines and help them to set their own goals.
- Check patients have understood what you have discussed, provide them with written or visual information in a form to suit them, if they want it, and offer to speak to them again when they have had chance to read through it.

Evidence – is the medicine appropriate?

- Find out what information patients have from their GP and hospital, and if they need more information be prepared to signpost them to the correct health professional if you are unable to help them yourself.
- Ensure that you have various examples of patient decision aids available and practice using them using role play with your team. That way you will be ready to use them with patients to promote shared decision-making and patient choice.
- If patients are concerned that warfarin is used as a “rat poison”, ask them what they already know and what their concerns are. Reassure them that warfarin is effective at preventing blood clots in humans and is safe if taken as prescribed and monitored regularly. Check patients are “in the system” for getting INR checks and encourage patients to take an active role in this.
- Look out for patients with AF who are prescribed aspirin as monotherapy solely for stroke prevention. This is ineffective and potentially harmful; patients should be referred back to their prescriber for a review.
- Similarly look out for patients prescribed aspirin and/or another antiplatelet drug in addition to their anticoagulant; check that this is intentional, gastrointestinal protection is prescribed and if there is a plan for the duration of this combination.

Safe and effective

- Ask patients if they understand the importance of taking their prescribed dose of oral anticoagulant regularly to reduce the risk of having a stroke or a bleed.
- Familiarise yourself with the importance of time in therapeutic range for warfarin to reduce the risk of a patient having a stroke or a bleed. Practise how you will explain this to patients in a way they can understand to motivate them to take their medicines regularly as prescribed.
- Ask patients how their oral anticoagulants and rate-controlling medicines are being monitored to check that this is being done according with national guidance.
- Reassure patients that the dose of their anticoagulant or rate-controlling medicines may need to be adjusted to suit their individual needs following monitoring.
- Check that doses of medicines are adjusted where necessary if a patient has reduced hepatic or renal function and this is rechecked regularly.
- Check that doses of medicines are adjusted if a patient’s weight changes significantly.
- Advise patients taking oral anticoagulants to check with a health professional before taking any herbal or over-the-counter medicines and about potential interactions with certain foods.
- Discuss with patients the importance of informing their dentist before any procedures if they are taking oral anticoagulants.
- Be prepared to explain the difference between a minor bleed (continue) and a major bleed (seek help) so that patients are aware when they do and do not need to seek help and advice about their oral anticoagulant (see: [The National Patient Safety Agency. Oral anticoagulant therapy: important information for patients. 2008](#)).
- Use drug names when talking about the different oral anticoagulants; try to avoid using abbreviations such as NOACs or DOACs as this can cause confusion and serious errors.
- Familiarise yourself with commonly used tools such as [CHA2DS2-VASc](#) (for AF stroke risk) and [HAS-BLED](#) (for major bleeding risk) as patients may ask you about them, and depending on your role, you may be expected to use them.
- Know how to effectively check a pulse and be confident in discussing this with your patients and encourage them to engage with the [Know Your Pulse](#) campaign.
- Some medicines that are used less frequently in AF such as amiodarone or digoxin have significant drug interactions and precautions, eg, in the case of amiodarone patients should be advised to use sunscreens and have regular liver function tests, thyroid function tests, ECG, respiratory and eye examinations.

Medicines optimisation as part of routine practice

- Make every contact count to support patients with AF and discuss their treatment with them.
- Check patients are aware of the reason for regular monitoring; reinforce important messages at every opportunity.
- Be familiar with the pathway for managing AF in your area.
- Reflect and improve your knowledge and confidence in the use of medicines for AF. Keep up to date with national and local guidance in AF and know where to look for more information. (We have provided a section in this article, *Signposting for pharmacy professionals*, to help you to look for further information and resources).

Personalised care and information for people with AF

NICE makes the following recommendation to people diagnosed with AF:

*'You should be offered a personalised package of care and information. This should include information on stroke awareness and measures to prevent stroke, as well as treatment to control your symptoms of atrial fibrillation. You should also be offered psychological support if you need it. The treatments you are offered should be explained and discussed with you.'*¹

NICE has suggested the following questions for people to ask their health professionals:

- Can you explain what atrial fibrillation is?
- What causes it?
- Does it run in families?
- How abnormal is my heartbeat?
- Will it lead to other problems with my heart?
- Will it affect my everyday life?
- Will it go away?
- Are there any support organisations for people with atrial fibrillation in my local area?
- Can you provide any information about atrial fibrillation for my family/carers?

And for family members, friends or carers:

- What can I/we do to help and support the person with atrial fibrillation?
- Is there any additional support that I/we as carer(s) might benefit from or be entitled to?

How would you answer these questions if you were asked by a patient or a member of their family or their carer?

Lifestyle messages

It is important to be aware of lifestyle advice relating to AF. Here are some of the main messages.

- Modification of risk factors such as smoking, alcohol and weight management
- Symptom management and avoiding complications
- Choice of sports in relation to medicines (regarding anticoagulants and contact sports) – what is most important to the patient?
- Alcohol and caffeine may aggravate or trigger AF but if they are not a trigger they can continue with them in moderation
- Food interactions with warfarin – maintain consistency rather than avoid specific foods
- Some herbal medicines may interact with some medicines used in AF, so encourage patients to check with a health professional before taking any.

Signposting patients

There are many websites containing useful information for people with AF. Tailor the advice and signposting to the individual and their circumstances. Here are some useful websites you may want to signpost people to:

- [Arrhythmia Alliance](#)
- [AF Association](#)
- [Afib Matters](#)
- [British Heart Foundation](#)
- [Don't Wait to Anticoagulate \(patient\)](#)
- [Know Your Pulse campaign \(Arrhythmia Alliance and AF Association\)](#)
- Local support groups
- [NHS Choices](#)
- [Patient.co.uk](#)
- [Stroke Association](#)
- [Stroke Association – AF and its link to stroke](#)

Support groups

There are several national support groups for AF which are highlighted in the briefing and on the list above. It is important to keep their contact details to hand and have leaflets on display so that you feel confident when referring your patients. Also, find out what's available locally, such as leaflets, cards, details of monitoring services and local support groups.

Signposting pharmacy professionals

There is a wealth of information on this topic and this is a summary of the main resources that were considered important during the development of this briefing and article.

- [Clinical knowledge summaries \(CKS\)](#)
- [Don't Wait to Anticoagulate](#)
- [European Society of Cardiology \(ESC\)](#)
- [European Heart Rhythm Association \(EHRA\)](#)
- [London and South East Regional Medicines Information Service. Suggestions for therapeutic drug monitoring in adults in primary care.](#)
- [Medicines and Healthcare products Regulatory Agency \(MHRA\). *New oral anticoagulants apixaban \(Eliquis▼\), dabigatran \(Pradaxa\) and rivaroxaban \(Xarelto▼\). Risk of serious haemorrhage – clarified contraindications apply to all 3 medicines.* 2016.](#)
- [NICE guidance](#)
- [NICE Bites – *Atrial fibrillation.* North West Medicines Information Centre. 2014.](#)
- [Specialist Pharmacy Service. *Medicines optimisation in atrial fibrillation.* 2016.](#)
- [Specialist Pharmacy Service. *Medicines optimisation in atrial fibrillation webinar.* 2016.](#)
- [Specialist Pharmacy Service. *Common questions and answers on the practical use of oral anticoagulants in non-valvular atrial fibrillation.* Version 2.1. 2016.](#)
- [Specialist Pharmacy Service. *How do we assess and manage bleeding risks in patients requiring oral anticoagulation for atrial fibrillation?* 2014.](#)
- [Specialist Pharmacy Service. *What are the risks of using antiplatelet agents in combination with the novel oral anticoagulants \(NOACs\) in patients with atrial fibrillation, and how should the potential risks be managed?* 2015.](#)

- Specialist Pharmacy Service. *Is it safe to take herbal medicines with non-vitamin K antagonist oral anticoagulants (NOACs)?* 2015.
- Specialist Pharmacy Service. *What are the risks of using antidepressants together with NOACs and how should these risks be managed?* 2016.
- Specialist Pharmacy Service. *Suggestions for therapeutic drug monitoring in adults in primary care.* 2014.
- UKCPA

Case study 1

James Evans is a regular patient at your pharmacy. He comes in to see you with a prescription for amiodarone as directed from his GP. You speak to James as he has not had amiodarone before and you want to confirm why and how he is taking the medicine. He tells you that he has recently been seen at the hospital as it was discovered by the practice nurse that he has paroxysmal AF. He tells you that he was initially started on atenolol but he experienced side-effects so the consultant switched him to amiodarone. He wants to know how to take them as he remembers something about a loading dose but he wants to discuss it with you. He has a copy of the discharge summary which he shows you. You talk him through the loading regimen for amiodarone of 200 mg three times a day for seven days, then twice daily for seven days, then he should be maintained on 200 mg once daily, so he should be taking one daily at Week 3 and this will be his regular dose.

You then ask James what he already knows about the benefits of his medicines and their potential side-effects; he seems unaware of any potential issues with amiodarone. You use a patient information leaflet to discuss the importance of having regular blood tests to check his thyroid and kidneys, the need for annual eye examinations, to use high factor sunscreen and to avoid use of sunlamps. Finally, you mention to James that he should report any shortness of breath or severe coughing to his GP straight away. You print him out some information from NHS Choices and also make him aware of the websites that he could look at for more information if he feels that he needs it. You encourage him to come back and tell you how he is getting on with his medicines in a couple of weeks.

Case study 2

Jean Bennett is a 67-year-old lady who comes to your pharmacy for her annual MUR. Whilst consulting with her you notice that she had flecainide 100 mg prescribed for her three months ago but she doesn't seem to have had any more since. Jean tells you that she just takes them when she needs them for her palpitations. She describes how she went into hospital with palpitations and after the investigations, as she was only having them occasionally, they decided to start her on the "pill in the pocket approach". You have heard of this before where stable patients who have infrequent palpitations are prescribed medicines to revert them back into sinus rhythm when required; your understanding is these are used occasionally at no more than weekly intervals, but preferably monthly.

Jean tells you she is nearly running out of her medicines as she has been using it on alternate days for the last four weeks because her palpitations are getting worse and they seem a bit out of control. You explain to Jean that you think she should see her GP as this probably means that she needs to take regular medicines, and offer to phone the surgery for her. Three days later Jean pops in to see you to thank you as she has been reviewed in clinic and she is now taking flecainide 100 mg twice daily and is starting to feel much better. Jean tells you that she hadn't realised how important it was to let her GP know if her condition worsened and she is relieved that you helped her recognise this.

Case study 3

Mary Horton is a 75-year-old lady who regularly collects her prescription from your pharmacy. She has a long-standing history of hypertension and had a heart attack ten years ago. Since her heart attack she has been taking an aspirin every day. She tells you that she was recently told she has an irregular pulse and the GP sent her for an ECG which showed that her heart was in an irregular rhythm which the GP called atrial fibrillation. She was surprised when she found this out as she had not had any symptoms.

On further questioning Mary says her doctor did briefly mention that she might need some changes to her medicines but that was three months ago and she has not seen her GP since. By quickly assessing her stroke risk score (CHA₂DS₂-VASc) and any potential bleeding risk factors (HAS-BLED) you think that Mary should be offered anticoagulation instead of her aspirin treatment. You explain to Mary about the risk of strokes with AF and provide her with some patient information on AF, stroke risk and anticoagulation. You advise her to make an appointment with her GP to discuss whether one of these treatments should be prescribed instead of the aspirin she is currently taking.

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Reference

1. National Institute for Health and Care Excellence. Clinical guideline 180: *Atrial fibrillation: management – Personalised care and information*. 2014.