Congratulations were in order for CLAHRC researcher Meredith Hawking after her poster won a prize at the 2018 Annual Scientific Meeting of the Society for Academic Primary Care at the Barbican Centre, London.

Meredith with her winning poster

The prestigious SAPC event brings together researchers and educators from the primary care community in the UK and around the world to showcase their latest studies.

Meredith is based at Queen Mary University of London and her PhD focuses on *Investigating patients' perspectives and adherence to anticoagulants for atrial fibrillation.*

Atrial fibrillation is a heart condition affecting a million people in the UK that causes an irregular and often abnormally fast heart rate. AF is associated with 1 in 8 strokes (1 in 3 over 80 years). More than half these strokes could be averted by oral anticoagulants (OAC), but the proportion of patients receiving oral anticoagulants has improved by only 1.5% per year over the last 25 years and was only 50% in 2012.

Meredith's poster- entitled *Adherence to direct oral anticoagulants for non-valvular atrial fibrillation in real world settings: a systematic review and meta-analysis* – outlines her work to explore how widespread nonadherenece to anticoagulants is.

Queen Mary University of London

Centre for Primary Care and Public Health, Blizard Institute

Barts and The London Queen Mary's School of Medicine and Dentistry

Adherence to DOACs for atrial fibrillation in real world settings: a systematic review and meta-analysis.

Hawking M.K.D., Homer K., Davis A., Cole J., Hall S., Taylor S.J.C., Horne R., Robson J.P.

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Unlike warfarin, direct oral anticoagulants (DOACs) for the prevention of stroke in patients with atrial fibrillation (AF) do not require INR monitoring, however medication adherence remains critical due to the short half-life (~12-24 hours) in the body. Uptake of DOACs is increasing, but in the absence of regular clinical contact adherence remains a high priority in order to ensure safety and efficacy of these medicines. Early clinical trials experienced discontinuation rates of between 20-25%. Since then, studies have attempted to measure nonadherence in 'real world' settings using observational methodologies.

Aim: to quantify the prevalence and extent of nonadherence to DOAC therapy for patients with atrial fibrillation, including rates of persistence and discontinuation, and to explore the determinants of nonadherence to DOACs.

PICO

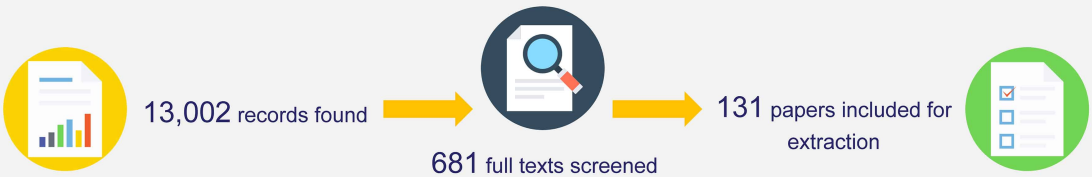
- Patients over 18 years with non-valvular Atrial fibrillation
- Taking any type of DOAC: *dabigatran*, *rivaroxaban*, *apixaban*, *edoxaban*
- Outcomes: medication adherence (persistence, implementation or discontinuation)

Searches

- Medline, Embase, Elsevier, PsycINFO, and Web of Science
- Published between 1st January 2010 – 30th January 2018
- Exclusion Criteria: not English language, conference abstracts, reviews, qualitative

Methods

- Double T&A and full text screening on Eppireviewer V4 software
- Double extraction with document based on adapted Cochrane extraction sheet is ongoing
- Quality assessment: modified Newcastle-Ottowa scale for cohort and cross sectional studies



… with agreement rate of 90.25%

Challenges & Decisions

Measuring Adherence

Multiple ways of defining adherence: initiation, persistence, self reported implementation scores, discontinuation

Difficulty analysing different measures: PDC/MPR, self reported adherence scales, discontinuation rates

Novel medications

We narrowed our focus from initially including all indications for DOACs to AF only

Publications on DOACs increased drastically since the start of the study

Changes to medicines' indication

We are using two quality measures which we will compare for best fit

Needed to adapt quality assessment tools to fit the heterogeneous methods used

Measuring quality

NHS National Institute for Health Research

Collaboration for Leadership in Applied Health Research and Care North Thames

www.clahrc-norththames.nihr.ac.uk/

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