



Title	Decision-Making Tool (DMT) for Patients with Non Valvular Atrial Fibrillation
Agency	AETSA, Andalusian Agency for Health Technology Assessment Av. Innovación s/n. Edificio Renta Sevilla, 2ª planta, 41020 Sevilla, Spain; Tel: +34 955 407 233, Fax: +34 955 407 238; leda.ojeda.ext@juntadeandalucia.es, www.juntadeandalucia.es/salud/aetsa
Reference	Report no. 2006/28. ISBN 978-84-96990-14-2. www.juntadeandalucia.es/salud/servicios/contenidos/aetsa/pdf/AETSA_2006-28_HATD_Fibrilacion.pdf

Aim

To use a decision-making tool (DMT) on treatments to prevent stroke in nonvalvular atrial fibrillation (NVAF) patients; to know the effectiveness and safety of the most common treatments to prevent stroke in NVAF patients; to use a patient decision aid (PtDA) and an instruction manual for professionals (IMPr); and to validate the DMT.

Conclusions and results

1. Systematic review on effectiveness and safety of antithrombotic treatments for atrial fibrillation. The studies reported greater protection of oral anti-coagulant (OAC) than platelet drugs or no treatment against stroke even at different risk stages (RRR: 68%; IC 95%: 50%-79% [% of OAC at adjusted doses vs. no treatment]), aspirin vs no treatment: 21% (0%-38%) and OAC at adjusted doses vs aspirin 52% (37%-63%). However, globally, the risk of severe hemorrhage was higher with warfarin/acenocumarol than with aspirin (3.30% and 1.83%, respectively), albeit a study reported that the risk could increase in elderly patients (13.08% in those aged 80 or more; 4.7% in those aged <80) and in the early stages of the treatment (58% of hemorrhages in the first 90 days).
2. Contents: information for the patient and for professionals. Graphic design: drawings, graphics, pictures of people featuring the range of situations, and descriptive icons; the numerical expressions were outlined always from the same denominator (100) and in absolute risks.
3. Validate DMT. Results from the pivotal study showed differences in appraising the DMT depending on the patient's sociocultural level (see full report).

NVAF patients treated with anticoagulant or antiplatelet drugs have a lower risk of stroke than those who are not. Patients treated with acenocumarol or warfarin have a lower risk of stroke than those treated with acetylsalicylic acid. The risks of severe hemorrhage are

higher in patients treated with anticoagulants than with platelet drugs and increase in relation to age, but the risk of stroke is lower with anticoagulants. DMT is formed by PtDA and IMPr.

Methods

1. Systematic review on the effectiveness and safety of antithrombotic treatments for atrial fibrillation: Followed a Cochrane Collaboration protocol.
2. Contents and the graphic design: Addressed the theoretical proposals on risk reporting. An AETSA Group classified the contents into: Contents for the patient and contents for the professional staff. A specialized company outlined the graphic design. The final outcome was subject to the group's appraisal.
3. Validate DMT. Cognitive surveys to professionals and patients and a survey on aspects of form, legibility, and utility. Escuela Andaluza de Salud Pública (EASP) professionals suggested proposals to improve DMT by means of a group technique. Part of the AETSA group discussed survey results and proposals. Changes were to be included in a new version of DMT.