

**COMPLIANCE TO UPDATED AHA/ACC QUALITY MEASURES AMONG PATIENTS WITH ATRIAL FIBRILLATION IN JAPAN AND ITS ASSOCIATION WITH THEIR QUALITY OF LIFE**

Poster Contributions

Poster Hall, Hall C

Sunday, March 19, 2017, 9:45 a.m.-10:30 a.m.

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Session Title: Atrial Fibrillation and VT: Incorporating Novel Risks Toward Decision Making  
Abstract Category: 8. Arrhythmias and Clinical EP: Supraventricular/Ventricular Arrhythmias  
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**Background:** Clinical performance measures are increasingly used to accelerate translation of scientific evidence into clinical practice. However, it is not known how they are applied in the real-world, and whether the compliance to these metrics will lead to improved patient's outcome in atrial fibrillation (AF).

**Methods:** Within the Japanese multicenter outpatient AF registry (n=1874), adherence of the AF performance measures (based on 2016 AHA/ACC criteria) and its association with quality of life scaling were evaluated. The patient was deemed 'adherent' when all applicable components of the performance measures for outpatient settings (CHADS-vasc risk score documentation [PM-4], anticoagulation prescribed [PM-5], and monthly INR for warfarin treatment [PM-6]) were satisfied. Quality of life was assessed at baseline and 1-year using Quality of life assessed by the Atrial Fibrillation Effect on Quality-of-Life (AFEQT) questionnaire.

**Results:** Among 1874 patients with AF, a total of 863 patients (46.1%) were adherent to the AF performance measures. Performance measures were more frequently achieved in patients managed with rhythm control strategy compared with rate control strategy (58.8% versus 40.8%, p<0.001). The achievement rate for each component was 53.9% for PM-4, 85.6% for PM-5, and 90.3% for PM-6, respectively. Although AFEQT global scores at baseline were similar (adherence: median 80.0, IQR 67.5-90.0 versus non-adherence: median 79.2, IQR, 66.7-89.3, p=0.584), AFEQT global scores at 1-year follow-up were significantly higher in adherence group than those in non-adherence group (n=927, adherence: median 89.1, IQR 78.6-96.7 versus non-adherence: median 86.7, IQR, 76.7-95.0, p=0.018). This tendency was consistent regardless of therapeutic strategies.

**Conclusions:** There remains an important opportunity to improve the quality of care in patients with AF. Adherence to the AF performance measures might lead to the improvement of patient's quality of life.