

**MARKED PHYSICIAN VARIABILITY IN ORAL ANTICOAGULANT TREATMENT CHOICES REFLECT SIGNIFICANT DIFFERENCES IN ATRIAL FIBRILLATION PATIENT CHARACTERISTICS**

Poster Contributions
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Background: Physician variability in treatment and outcomes is recognized in cardiology. We characterize this variability in AF patients and see if pt characteristics could influence selection of an OAC or no treatment.

Methods: Retrospective chart review of all pts being treated for atrial fibrillation in a single, multi-site suburban, outpatient cardiology practice for the calendar year 2014.

Results: Of the 1366 pts being followed we excluded pts being treated by MD's who saw less than 50 AF pts in the year. That left 1251 pts being treated by 8 MD's. Use of warfarin (range 8-45%, $p<0.00001$) novel OAC (range 27-59%, $p<0.00001$) and no OAC (range 5-22%, $p<0.00001$) varied significantly amongst MD's. Differences in cardioversion rates (range 3-26%, $p=0.0008$) and amiodarone use (range 4-19%, $p=0.00004$) were also seen. One year complications of strokes and bleeds (range 3.1- 15.4%, $p<0.00001$) and mortality (range 0-10.3%, $p=0.001$) also varied significantly.

Looking at patient characteristics we saw significant variability in age (range 68-73 yrs, $p=0.04$) male gender (range 43-66%, $p=0.003$) Black ethnicity (range 2-60%, $p<0.00001$) Caucasian ethnicity (range 36-92%, $p<0.00001$) and CHADSVasc score (range 2.9-3.8, $p=0.00002$). BMI did not vary (range 28-31, $p=0.08$) but paroxysmal AF (range 64-88%, $p=0.001$) and valvular heart disease (range 24-48%, $p=0.00009$) did.

Conclusions: We demonstrate significant variation in physician use of OAC. We also show differences in treatment approaches to arrhythmia management and with respect to one-year outcomes. However when patient characteristics are examined there are equally significant differences. Understanding which factors influence choice of therapy and the appropriateness of that choice needs further evaluation but these data caution that isolated public reporting of outcomes can be misleading and potentially harmful to both patients and physicians.