Global healthcare resource use in 39,670 patients with AF: perspectives from GARFIELD-AF

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BACKGROUND

● Global data on healthcare resource use (HCRU) by patients with atrial fibrillation (AF) are crucial for optimizing patient management1 and are currently lacking.

PURPOSE

● To evaluate HCRU in patients with AF enrolled in GARFIELD-AF, focusing on medical contacts.

METHODS

● GARFIELD-AF is an ongoing, prospective, non-interventional study of adults (≥18 years) with AF and ≥1 stroke risk factor(s)2.

● Medical contacts included hospital admissions, outpatient hospital attendance, emergency room admissions, family doctor visits, stroke unit admissions, and office-based specialist visits occurring during the first year from enrolment.

● We grouped general practitioners’ visits, office-based specialists’ visits and hospital-based outpatient visits as ‘outpatient care visits’, to compare adequately information from different countries.

● We also classified the countries by geographical region.

RESULTS

● We analysed 39,670 patients enrolled in 35 countries (Figure 1).

● Enrolled patients generated in total 30,117 patient-years (pys) of observation (Asia: 7,521, Europe: 18,358, Latin America: 2,630, North America: 780, Rest of the World [ROW]: 827).

● We documented 402,3 medical contacts per 100 pys overall, corresponding to an average of >4 medical contacts (any type) per patient per year.

● North America and Europe showed higher HCRU (544 and 432 medical contacts per 100 pys) than Asia and Latin America (348 and 360 medical contacts per 100 pys). This breakdown is presented in Table 1.

Table 1. Medical contacts by region

<table>
<thead>
<tr>
<th>Region</th>
<th>Type of resource</th>
<th>Patients with at least one contact (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asia (n=10,996)</td>
<td>Outpatient care visits</td>
<td>32.0</td>
</tr>
<tr>
<td>Europe (n=22,084)</td>
<td>Hospital admissions</td>
<td>18.0</td>
</tr>
<tr>
<td>Latin America (n=1,053)</td>
<td>Emergency room contacts</td>
<td>3.6</td>
</tr>
<tr>
<td>North America (n=1,112)</td>
<td>Other</td>
<td>3.3</td>
</tr>
</tbody>
</table>

● We observed large variations in the type of other events. Patients from North America were more likely to experience an emergency room contact than the overall cohort. Patients from Europe, North America, and ROW experienced more admissions than patients from Asia and Latin America (Figure 2).

CONCLUSIONS

● GARFIELD-AF shows the vast amount of healthcare resource utilised in ~40,000 patients with AF from 35 countries worldwide.

● We found significant geographical variation in the amount and type of health services used by patients, potentially associated with the actual availability of services and different models of organisation of care.

CLINICAL IMPLICATIONS

● The next step is to link clinical outcomes of patients with AF among different regions in GARFIELD-AF to our HCRU results in order to understand the cost-effectiveness of different patient management strategies and to identify the most beneficial approach.

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REFERENCES


DECLARATION OF INTEREST

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