



National Prescribing Service Limited



Case study 56: Antithrombotic options in stroke prevention

(for GPs, pharmacists, nurses and other health professionals)

NPS case studies are designed to help you refine your clinical decision-making skills. After you complete and submit the case study, you will receive expert commentaries along with aggregated responses that provide a snapshot of your colleagues' responses.

Scenario

Anne is a 75-year-old retired professional who has recently moved to the area. You are seeing her for the first time. Anne is very worried because she is currently experiencing some fatigue and palpitations.

Anne was diagnosed with paroxysmal atrial fibrillation (AF) 3 years ago. The investigations at that time included a trans-oesophageal echocardiogram, which showed normal left ventricular function, cardiac valves and left atrium. Since then her AF has been mostly asymptomatic with few episodes of prolonged rapid palpitations which were controlled by a beta blocker at the time.

She gave up smoking 5 years ago and does not drink alcohol. Currently, she is not taking any medication. She has no history of previous bleeding episodes. Anne's father had a non-fatal stroke of presumed ischaemic origin. Her mother had undergone coronary artery bypass surgery.

Physical examination shows an irregularly irregular heart rhythm with a rate around 100 beats per minute. Blood pressure is 130/80 mmHg. An electrocardiogram shows AF. Otherwise, her cardiovascular and pulmonary examinations are unremarkable. Anne has brought her pathology results from 1 month earlier. These show normal full blood count, thyroid function tests, serum creatinine and liver function tests.

How to participate

All participants: Complete ALL questions, fill in appropriate details and sign the consent agreement in the 'Your details' box (see over).

GPs: To be included in the Quality Prescribing Initiative of the Practice Incentives Program (PIP), quote your **provider and prescriber numbers** in the spaces provided.

Pharmacists: This activity is recognised for continuing professional development by the Pharmaceutical Society of Australia (PSA), the Society of Hospital Pharmacists of Australia (SHPA) and the Australian Association of Consultant Pharmacy (AACP). PSA members, quote your membership number in the space provided. SHPA and AACP members, please self-record this activity. For details on recording participation, see <http://casestudy.nps.org.au>

Send to NPS by:
27 March 2009

Send to: NPS
PO Box 1147
Strawberry Hills NSW 2012
Or fax to: (02) 9211 7579

Complete and submit your case study
online at: <http://casestudy.nps.org.au>

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NPS office use only

Read the scenario overleaf and complete ALL the questions.

1. a) What is the stroke risk for Anne? (Tick one box only)

Low Moderate High

b) What factor(s) led to your decision?

2. In Anne's case, what are the potential advantages and disadvantages of the following

| | Advantages | Disadvantages |
|--------------|------------|---------------|
| Aspirin | | |
| Clopidogrel | | |
| Dipyridamole | | |
| Warfarin | | |

3. a) Would you recommend antithrombotic therapy for Anne at this stage?

Yes (go to 3b) No (go to 3c)

b) If yes, please specify:

| | | |
|------------|-----------------------------|---------------------|
| Medication | Starting dose and frequency | Time to next review |
| | | |

Why did you recommend this specific medication(s)?

c) If you did not recommend any antithrombotic treatment, why not?

4. Regardless of your answers in question 3, if Anne was started on warfarin:

a) Are there any existing factors that may increase her risk of major bleeding? If yes, please specify

b) What information would you give her to achieve optimum anticoagulation?

Your details

Please tick one

GP

GP registrar

Other medical specialist

Pharmacist

Intern pharmacist

Registered nurse (RN Div 1)

Enrolled nurse (RN Div 2)

Other health professional

Student – medical

Student – other

Title

Family name

Given name

Postal address

Suburb/town

State

Phone number

Postcode

GPs

Provider no.

Prescriber no.

Pharmacists (PSA members only)

Membership no.

(SHPA and AACCP members, please self-report)

Important:

Required for you to be included in the Quality Prescribing Initiative, or receive 1 PSA credit point.

All participants must sign: I consent to these data being recorded (as applicable) for the purposes of PIP, PSA credit points and NPS evaluation.

Participant's signature

Date: / /
 day month year