ANTICOAGULATION TREATMENT IN PATIENTS WITH PERMANENT NON-VALVAR ATRIAL FIBRILATION IN PRIMARY HEALTH CARE

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ABSTRACT

Atrial Fibrillation (AF) has become an important public health problem, with large consumption of health resources. It has an important impact on quality of life, especially due to its clinical consequences, thromboembolic phenomena and cognitive changes. Once AF is diagnosed, it can be classified as: paroxysmal, persistent and permanent, with the duration of the event as criteria for such designations. Most cases are classified as permanent, with a course to be followed according to each classification. The main treatment in most cases with permanent diagnosis is the control of heart rate, and another standard is anticoagulation, to avoid thromboembolic events.[1,4]. Not all patients with AF evolve with systemic thromboembolism, indicating that other factors are present in this condition, and that their identification may facilitate the indication and make treatment with oral anticoagulants less affected in the affected patients. For a better stratification, the CHA2DS2VASC score has been used, and the criteria are the following: Heart Disease, Hypertension, age above 75 years, previous stroke or TIA, diabetes, age above 65 years, vascular disease and female gender. Each criterion scores 1, except age above 75 years and previous AVE or AIT. These patients are often diagnosed in primary health care (PHC), or even after diagnosis in secondary care (cardiology, for example); they are referred back to PHC, and there is no specific protocol, based on the main guidelines for these patients to be managed in the primary care environment, their control is done according to the molds that the responsible doctor dictates, there being nostandardization. The aim of this work is not only assessing PHC doctors' knowledge of AF and how they handle cases, but also

investigating the application of scores, such as CHA2DS2VASC and HAS BLED in the management of anticoagulation in PHC. Methodologically, 43 medical responsible technicians for basic health units (UBS) were interviewed during a meeting of Primary Health Care (PHC) RTs in the PHC central building located at 276, Harry Dannemberg, St., Itaquera, São Paulo-SP, 08270-010, for recycling these professionals. The search took place over 2 days, 26 and 27 November. As a result, through this work it was possible to verify, by the answers to the questionnaire made for the sample of PHC physicians studied, that they do not feel comfortable with the anticoagulation theme and do not have sufficient knowledge for this (the vast majority). **In sum,** although they do not feel safe with the management of anticoagulation, they were receptive when giving suggestions such as "training" ("we need a lesson on the theme", "workshop on the theme" and "creation of a protocol for PHC").

KEYWORDS: anticoagulation. AF and PHC.