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Introduction: The National Institute for Health and Care Excellence (NICE) recommended direct oral anticoagulants (DOACs) for a variety of indications as equal alternatives to warfarin, and stated that the patient's values and preferences should be used to guide choice of agent in a shared decision making process ^[1]. However, uptake of DOACs had been patchy and slow across the UK ^[2]. Identifying the perceived barriers to using DOACs could help to develop strategies to overcome these and enable their use where appropriate.

Aim: The study aimed to investigate the attitudes and perceptions of professionals towards oral anticoagulation, and the choice between warfarin and the DOACs.

Methods: One-to-one semi-structured interviews were conducted between May and July 2018. Participants were recruited using snowball and convenience sampling, across four NHS trusts and one Clinical Commissioning Group. Inclusion criteria were that participants should be either a hospital pharmacist, general practitioner, or cardiology or care of the elderly registrar or consultant, and involved in the initiation of oral anticoagulation. A topic guide was used to aid the interview process; this included questions regarding the participant's role in prescribing anticoagulation, how they felt about the choices of oral anticoagulants, how they discussed this with patients, any concerns they had regarding DOACs, and if and how they used any materials to aid in shared decision making. Interviews were transcribed verbatim and analysed using framework analysis.

Results: Thirteen interviews were carried out, lasting between 17 and 48 minutes, with an average length of 32 minutes. Table 1 shows participant characteristics. Current practice was found to be moving through a period of change, with a shift towards preference for DOACs, especially for patients with non-valvular atrial fibrillation (AF). The main themes identified were (1) an overarching theme of change, (2) barriers and facilitators to appropriate use of oral anticoagulants, (3) professional related factors affecting drug choice and (4) perceptions of the shared decision making process. Many professionals have a preferred DOAC which they use, but the reasons for preference vary. Perceived advantages of DOACs included a beneficial overall clinical effect in treating certain indications from evolving trial data, convenience due to reduced monitoring, and ability to use certain DOACs in compliance aids. Tools to aid the shared decision making process were not widely used, and there was a perception that shared decision making was not comprehensively approached.

Table 1: Participant characteristics

Role and specialty	Number of participants
Consultant – cardiology	1 male, 1 female
Registrar – cardiology	1 male, 1 female
Consultant – stroke	1 male, 1 female
Consultant – care of the elderly	1 male, 1 female
GP	1 male
Hospital pharmacist	3 male, 1 female

Conclusions: The landscape with regards to oral anticoagulation options was found to be in a period of change, and there appeared to be a move towards a preference for DOACs over warfarin. As the prescribing of oral anticoagulants is changing towards greater numbers of patients prescribed DOACs, there is a need to review the provision of anticoagulation services. One limitation in this study is that most participants were professionals from secondary care, with only one participant in primary care. Another limitation is that participants tended to mainly prescribe anticoagulation for AF, however attitudes and perceptions towards use of DOACs in other indications may differ.

References

1. National Institute for Health and Care Excellence. Anticoagulants, including non-vitamin K antagonist oral anticoagulants (NOACs). Key therapeutic topic [KTT16]. 2016. Available at: <https://www.nice.org.uk/advice/ktt16> [accessed 27/08/2019]
2. Association of the British Pharmaceutical Industry Stroke in Atrial Fibrillation Initiative. NOACs: Innovation in anticoagulation – Optimising the prevention of AF-related stroke. 2014. Available at: <http://www.abpi.org.uk/publications/noacs-innovation-in-anticoagulation/> [accessed 27/08/2019]