

## Direct oral anticoagulants (DOACs) in patients with atrial fibrillation (AF): monitoring of adherence to therapy

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### Background

Patients with AF have a high risk of developing a stroke ischemic when untreated, for this the evaluation of persistence of the DOACS is essential to understand to what extent patients benefit from preventive treatment, tolerating possible adverse effects. Clinical studies show that about 40-60% of patients on long-term DOAC therapy has a non-optimal adherence rate, with percentages increasing proportionally to the duration of treatment. Many causes have been identified: the patient's clinical background, socio-economic and educational level, psychological state, and, last but not least, the quality of the doctor-patient relationship, influence adherence to treatment with DOACs.

### Materials

In an outpatient clinic dedicated to the follow-up of patients with atrial fibrillation discharged from our COU, we examined adherence to therapy over a 24-month period with six-monthly check-ups at 6, 12, 18 and 24 months from the start of the anticoagulant treatment. Medication adherence was measured using the Morisky Medication Adherence Scale (MMAS-8): a score of 8 was classified as high adherence while scores

below 8 were considered as suboptimal adherence. Enrolled patients completed various questionnaires through which their awareness of the need for anticoagulant therapy, the risks and benefits of DOACs, any practical problems, and perceived quality of life during therapy were tested. The analysis involved 49 patients, mean age  $70.6 \pm 9.2$  years, the majority male, equally distributed for the 4 oral anticoagulants: dabigatran (11), apixaban (14), rivaroxaban (12), and edoxaban (12).

### Conclusions

Overall, 12 patients were not fully adherent to anticoagulant treatment (24%): dabigatran (5), apixaban (4), rivaroxaban (2), edoxaban (1): in particular, subjects who received conflicting information on their condition clinical or treatment-related health care professionals were more likely to fail to take their medication correctly, as were those who perceived they were not involved in the decision-making process. Another determining factor was identified in the number of drugs that the patient took daily, in consideration of the greater number of non-adherents in the groups that took DOACS in double daily administration. Our data confirm those reported in the literature.