

Patients with no schooling benefit least from blood thinning medications

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Patients with no schooling benefit least from blood thinning medications, reveals a European Heart Rhythm Association (EHRA) / European Society of Cardiology (ESC) survey published today in *Europace*. The poll of more than 1100 patients with atrial fibrillation found those with no schooling missed treatment targets more often, were less aware of bleeding risks, and did not know they could continue normal daily activities.

80% of university educated [patients](#) knew they could drive, play sports and travel by plane compared to 52% without schooling.

Atrial fibrillation is the most common cardiac rhythm disorder and affects 1.5-2% of the general population in the developed world. Atrial fibrillation substantially increases the risk of stroke. When strokes occur in patients with atrial fibrillation they are associated with more death and disability, longer hospital stays, and less chance of returning home.

EHRA President Professor Gerhard Hindricks said: "Blood thinning medications, also called oral anticoagulants, are the most effective way of preventing strokes in patients with atrial fibrillation and risk factors for stroke. We asked patients what they knew about their drugs and analysed whether this differed by gender, age, education level, and country of residence."

A total of 1147 patients with atrial fibrillation and taking oral anticoagulation completed 40 questions online. Oral anticoagulation

included the vitamin K antagonists (such as warfarin) and the non-vitamin K oral anticoagulants (also called NOACs). Responses were collected over three months. Patients were 66 years old on average and 46% were women. Patients were from eight countries: France (33.6%), Denmark (26.6%), Sweden (20.9%), Spain (7.7%), Norway (4.5%), Germany (3.7%), the UK (2.2%) and Italy (0.8%).

The responses reveal disparities between patients with differing levels of education in terms of the benefits of anticoagulation and knowledge about the medication. Patients taking vitamin K antagonists such as warfarin are advised to keep their international normalised ratio (INR) level, which indicates how long it takes [blood](#) to form a clot, between 2 and 3. Patients with no schooling were more likely to exceed the upper limit several times a month than those with college or university education (5.1% vs 2.8%, p

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