

# AFib patients with cancer history less likely to see cardiologist, fill prescriptions

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Atrial fibrillation (AFib) patients with a history of cancer are less likely to see a cardiologist or fill anticoagulant prescriptions compared with AFib patients who never had cancer, according to a study in the *Journal of the American College of Cardiology*. By not filling and taking prescribed medication, these patients are potentially putting themselves at increased risk of stroke.

Cancer detection and treatment methods have improved significantly over time, leading to a greater number of older people who are surviving and living longer after a [cancer](#) diagnosis, and as a result, developing other health conditions. AFib specifically is an important comorbid condition in cancer [patients](#). Both have several common predisposing factors, including advanced age and inflammation, plus certain chemotherapeutic agents have been linked to the development of AFib.

How to best care for the increasing number of [cancer survivors](#) who are reaching older ages is a challenge for clinicians since comorbid conditions usually span multiple specialties. This study looked at the relationship between early cardiology involvement after an AFib diagnosis in patients with a history of cancer and how that affected outcomes.

"Overall, our data suggest that suboptimal antithrombotic care exists in AFib patients who have a history of cancer," said Wesley T. O'Neal, MD, MPH, lead author of the study and a cardiology fellow at Emory University School of Medicine. "The decision to initiate antithrombotic

therapy or refer to a cardiology provider should be individualized to the patient, but our data suggest that cardiology providers positively influence outcomes among these patients."

Researchers looked at over 380,000 AFib patients in the MarketScan database and found 17 percent had a history of cancer. Prostate and breast cancers were the most common types of cancer, and patients with a history of cancer were also older and more likely to have other cardiovascular conditions. The data showed that patients with a history of cancer were less likely to see a cardiologist after AFib diagnosis and less likely to fill prescriptions for oral anticoagulants, which are essential to reducing the future risk of stroke. Differences were similar when looking at active cancers versus remote history of cancer.

The researchers confirmed that a beneficial association existed between early [cardiology](#) involvement at the time of AFib diagnosis among patients with a history of cancer. After 1.1 years of follow up, cancer patients who did see a cardiologist were more likely to fill their prescriptions, showed a reduced risk of stroke and did not show an increased risk of bleeding. These patients were more likely to be hospitalized, which may be due to more aggressive treatments.

According to a related editorial, the number of cancer survivors in the United States is expected to increase from over 15 million to over 20 million by 2026, which will lead to an increased focus on addressing their long-term medical and psychosocial needs.

"The management of [cancer patients](#) must extend beyond their primary malignancy and will require an interdisciplinary approach from oncologists, primary care providers and other subspecialists," said Sean T. Chen, MD, an author of the editorial from Duke University Medical Center. "The increase in survivorship is a testament to the dramatic improvements in cancer therapy, but continued emphasis on a patient's

diagnosis of cancer can shift significant attention away from other essential aspects of care."

Provided by American College of Cardiology

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