Objective

To examine the prevalence of comorbidities and general medication use in patients with AF to better understand the total disease burden.

Methods

Study Design

This study was conducted using the 2009 (N=75,000) wave of the National Health and Wellness Survey (NHWS). The NHWS is a self-administered, Internet-based questionnaire from a nationally representative sample of adults aged 18 years and older. Age, gender, and race/ethnicity were used to represent demographic composition for the U.S. adult population. Only patients reported being diagnosed with AF. Almost half of patients were included in the analyses.

Study Measures

- Age; sex; education; employment; income; body mass index
- Comorbidities: cardiovascular (self-reported physician diagnosis: hypertension, hyperlipidemia, angina, peripheral vascular disease, valvular disease, or congestive heart failure); urologic (self-reported physician diagnosis: urologic disease); pain (self-reported physician diagnosis: chronic pain, back pain, or headache); ophthalmic (self-reported physician diagnosis: cataract, glaucoma, or dry eye); arthritis and musculoskeletal (self-reported physician diagnosis: arthritis, osteoarthritis, or rheumatoid arthritis); respiratory (self-reported physician diagnosis: asthma, chronic bronchitis, emphysema, or chronic obstructive pulmonary disease); neurologic (self-reported physician diagnosis: seizure disorder, post-traumatic stress disorder, bipolar disorder, phobias, obsessive compulsive disorder, dysthymic disorder, or pervasive developmental disorder); dermatologic (self-reported physician diagnosis: eczema, dermatitis, fungal infections of the skin, athlete’s foot, or nail fungus); gastrointestinal (self-reported physician diagnosis: bloating, irritable bowel syndrome, Crohn’s disease, ulcerative colitis, ulcer disease, ulcers); cardiac (self-reported physician diagnosis: recent myocardial infarction, history of arrhythmia, prior coronary artery bypass surgery); immune (self-reported physician diagnosis: multiple sclerosis, Sjögren’s syndrome, psoriatic arthritis, Crohn’s disease, ulcerative colitis); and other cardiovascular conditions such as congestive heart failure, hypertension, or a previous myocardial infarction

Statistical Analysis

Frequencies and percentages were reported for categorical variables, and means and standard deviations (SDs) were reported for continuous variables.

Results

All Patient Characteristics

- Patients were predominantly white (86%) with a mean age of 64.9 years (SD=12.2); 93.7% had insurance
- The mean time since diagnosis of AF was 9.0 years (SD=9.1)
- 71% of patients with AF were currently taking a prescription medication for their condition

Prevalence of comorbidities and prescription medication use in patients with AF

- 12.8% had a prior stroke or mini-stroke/transient ischemic attack
- 82% had peripheral vascular disease
- 9.1% had chronic kidney disease

- 56.0% engaged in vigorous exercise for at least 20 minutes once per month, and 59.8% drank alcohol

Prevalence of comorbidities in patients with AF

- The most prevalent comorbidities were cardiovascular (90%), followed by urologic (62%), pain (57%), immune (50%), and other cardiovascular conditions such as congestive heart failure, hypertension, or a previous myocardial infarction

Burden of Comorbidities Among Patients with Atrial Fibrillation

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References


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CONCLUSIONS

- The burden to patients with AF often extends far beyond AF. Physicians should carefully consider patients with AF.
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Disclosures

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Figure 1

Prevalence of comorbidities in patients with AF

Table 1

Demographic and health characteristics among patients with AF

Table 2

CHADS2 score distribution among patients with AF

Figure 3

Distribution of CHADS2 scores among patients with AF.