THROMBO 360

Bristol-Myers Squibb & Pfizer Australia

EVOLVING ANTICOAGULATION IN PRIMARY CARE

Name _____ **RACGP QI&CPD no.:** _____

Contact email: _____ **Contact telephone:** _____

PRE-DISPOSING ACTIVITY

You have registered for the 2018 Thrombo 360 Weekend Meeting, *Evolving Anticoagulation in Primary Care*, which has been prepared as an Active Learning Module (ALM). The RACGP/ACRRM ALM/structured learning activity criteria require you to complete the predisposing and reinforcing activities in addition to participating on the day. Once all requirements have been met, you will be awarded 40 (Category 1) QI&CPD points or 30 PRPD points.

Please scan/email or fax back this activity to **info@elixir.net.au**; Fax: 02 8212-8900; please be prepared to discuss this on the day. We also advise you to keep the completed copy on file for potential future audit purposes.

ACTIVITY

General practitioners are often pivotal in overseeing and managing their patients with coagulation disorders.

Patients with NVAF or DVT/PE see their GP more often than they see other specialists, and GPs have responsibility for managing patients on a day-to-day level. GPs are often the first point of call for patients and need to be vigilant for the presence of undiagnosed disease in their patients.

GPs may often have to consider therapy changes as a result of disease progression and make decisions on when to change treatment, versus when to refer to specialist colleagues.

The aim of this predisposing activity is to encourage you to consider how you screen for NVAF in your patients, reflect on the more complex cases that you may have encountered in primary care, and the decisions that you take for the management of those challenging presentations.

PREREADING

We suggest you read the following articles in advance of the meeting:

Friberg L, Rosenqvist M, Lindgren A *et al.* High prevalence of atrial fibrillation among patients with ischemic stroke. *Stroke* 2014; **45:** 2599–605.
Download from: **http://stroke.ahajournals.org/content/45/9/2599.long**

Amerena JV, Walters TE, Mirzaee S *et al.* Update on the management of atrial fibrillation. *Med J Aust* 2013; **199**: 592–7.
Download from: **https://www.mja.com.au/journal/2013/199/9/update-management-atrial-fibrillation**

Kearon C, Akl EA, Ornelas J *et al.* Antithrombotic Therapy for VTE Disease: CHEST Guideline and Expert Panel Report. *Chest* 2016; **149**: 315–52.
Download from: **http://www.sciencedirect.com/science/article/pii/S0012369215003359**

DIAGNOSING NVAF IN YOUR PATIENTS

1. ***What checks do you carry out on your patients to assess whether they may have NVAF, and how often do you carry out these checks?***

2. ***Do you have a system for ensuring your patients are adequately screened for NVAF? What resources or support could further assist you in the screening of your patients with NVAF?***

MANAGING NVAF IN YOUR PATIENTS

3. ***Thinking about the more challenging patients you had with NVAF, what were the more difficult decisions you had to make about their ongoing management?***

4. ***What kind of factors would prompt you to refer your challenging patients to a specialist colleague?***

5. ***Thinking about the next suitable NVAF patient you treat in your practice, which of the following products would you be likely to prescribe: (single response)***

○ A NOAC ○ Warfarin ○ Aspirin ○ Other/refer

MANAGING DVT IN YOUR PATIENTS

6. ***Can you describe some of the challenges you have encountered while managing your patients with DVTs?***

7. ***What factors would make you consider extension of treatment of DVT beyond 6 months?***

8. ***What would prompt you to involve a specialist in such treatment decisions?***

PLEASE SCAN/EMAIL OR FAX BACK THIS FORM TO ELIXIR HEALTHCARE EDUCATION AT info@elixir.net.au; FAX: (02) 8212 8900

NVAF: Non-valvular atrial fibrillation; DVT: Deep vein thrombosis; PE: Pulmonary embolism; VTE: Venous thromboembolism; NOAC: Non-vitamin K antagonist oral anticoagulant.