

The Next Era of Anticoagulation Therapy*Instructions*

For each question, please circle the best response on the answer key provided on page S84. A statement of credit will be mailed to those who successfully complete the examination with a minimum score of 75%.

1. **The prevalence of atrial fibrillation (AF) in patients aged 80 years or older is:**
 - a) 2%
 - b) 10%
 - c) 20%
2. **The relative reduction in the risk of ischemic stroke with the oral vitamin K antagonist, warfarin, compared with aspirin is approximately:**
 - a) 68%
 - b) 35%
 - c) 52%
3. **Which of the following IS NOT generally considered an independent risk factor for stroke in patients with AF?**
 - a) Heart failure or significant left ventricular systolic dysfunction
 - b) Hypertension
 - c) Coronary heart disease
 - d) Older age
4. **In which patients with AF will warfarin therapy be least likely to be cost-effective?**
 - a) Age 75 or older
 - b) Recent congestive heart failure
 - c) Diabetes
 - d) Hypertension
5. **Which of the following statements about anticoagulation management is/are true?**
 - a) The majority of patients on warfarin are maintained in the therapeutic range of international normalized ratios (INRs) (2.0-3.0).
 - b) It is more common for patients to have INRs that are subtherapeutic (<2.0) than supratherapeutic (>3.5).
 - c) A and B
6. **Which of the following statements about patient preferences for antithrombotic therapy are true?**
 - a) Preference-based therapy choices lead to an increase in quality-adjusted life-years for patients with AF that have a low risk of stroke.
 - b) Patients with AF who are at high risk of stroke should use warfarin regardless of their preferences.
 - c) Patients who believe that warfarin will decrease the quality of their survival (negative utility or disutility) will lead to a reduced healthcare value for warfarin therapy.
 - d) A and C
7. **Anticoagulation with the oral vitamin K antagonist, warfarin, is more effective than aspirin or no antithrombotic therapy to prevent ischemic stroke in patients with AF considered at moderate-to-high risk for stroke.**
 - a) True
 - b) False
8. **Dosing of vitamin K antagonists can be problematic and often requires coagulation monitoring. All of the following have been linked to complications EXCEPT:**
 - a) A low-fat diet
 - b) Multiple drugs
 - c) Excessive alcohol consumption
 - d) Dietary vitamin K in various amounts
9. **Which of the following conditions IS NOT most commonly associated with AF?**
 - a) Coronary heart disease
 - b) Thyroid disease
 - c) Heart failure
 - d) Obesity
10. **The risk per year of stroke in patients 65 years or older with no risk factors is:**
 - a) 1%
 - b) 2.5%
 - c) 5%
 - d) 10%

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GOAL

To provide current information on anticoagulation therapy for the treatment of atrial fibrillation.

TARGET AUDIENCE

This activity is intended for physicians, medical directors, pharmacists, pharmacy directors, P&T committee members, primary care physicians, and specialists in hematology and internal medicine.

EDUCATIONAL OBJECTIVES

After participating in this activity, participants should be better able to:

- Explain the epidemiology and initial management of new-onset atrial fibrillation.
- Discuss the randomized trial evidence for the efficacy and safety of anticoagulants.
- Describe the impact of anticoagulation therapy on costs, stroke risk, and quality of life.
- Identify the new antithrombotic drugs currently under study and review their impact on treating atrial fibrillation.

CONTINUING MEDICAL EDUCATION ACCREDITATION

The University of Pennsylvania School of Medicine is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

Designation of Credit

The University of Pennsylvania School of Medicine designates this educational activity for a maximum of 2 category 1 credits toward the AMA Physician's Recognition Award. Each physician should claim only those credits he/she spends in the activity.

This enduring material was released in April 2004, and the CME certification will expire on April 30, 2005.

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