

Shared Decision-Making (SDM) Tool

Provide powerful insights to improve the quality of care delivered to your atrial fibrillation (AFib) patients.

What is Shared Decision Making (SDM)?

- SDM is a process that allows patients to interact with their clinicians so that their values and preferences will be taken into consideration when deciding treatment options

Why is SDM useful for AFib patients?

- The SDM Tool helps facilitate discussions between

providers and their patients about AFib and assesses benefits and risks of oral anticoagulant (OAC) use

- The decision to use an anticoagulant as a treatment option includes weighing **Stroke Risk** vs **Bleed Risk** and taking into account **Patient Preference**

Risk of Stroke

STROKE RISK ASSESSMENT

Which risk factors for stroke does the patient have?

- Age 65-74
- Age 75 or older
- Female
- Congestive heart failure (CHF) or left ventricular dysfunction
- Hypertension
treated or untreated, consistently above 140/90 mm Hg, or hypertension treated with medication
- Diabetes mellitus
- Prior stroke, transient ischemic attack (TIA), or thromboembolism
- Vascular disease
e.g. peripheral artery disease, myocardial infarction, aortic plaque
- None of the above

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Risk of Major Bleeding Event

BLEEDING RISK ASSESSMENT

Which risk factors for a major bleeding event does the patient have?

- Age over 65
- Uncontrolled hypertension
Systolic blood pressure above 160 mm Hg
- Abnormal renal function
Chronic dialysis, renal transplantation, or serum creatinine >200 µmol/L
- Abnormal liver function
Chronic hepatic disease (eg, cirrhosis) or biochemical evidence of significant hepatic...
- Prior stroke
- Major bleeding or predisposition (anemia)
Bleeding requiring hospitalization and/or causing a decrease in hemoglobin level of >2 g/L and/or...
- Labile/unstable INR
Time in therapeutic range (TTR) <60%
- Drug therapy
Concurrent use of antiplatelets (such as aspirin, clopidogrel, prasugrel or others) or nonsteroidal anti-inflammatory drugs (NSAIDs)
- Alcohol use
>8 units of alcohol/week
- None of the above

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WEIGHING THE BENEFITS AND RISKS OF OACs

OACs substantially lower your risk of stroke. OACs also raise your risk of a major bleeding event. You need to determine, in your case, whether the benefit of preventing stroke outweighs the risk of a major bleed. Here are your predicted risks:

OACs may reduce your risk of stroke from about 11% to about 4%.

That means out of 100 people with A Fib who have the same risk factors, about 7 fewer people would have a stroke within one year. This is roughly a 7% reduction compared to not using OACs.

Also keep in mind: OACs may raise your risk of a major bleeding event by about 2%.

That means out of 100 people with A Fib who have the same risk factors, about 2 would have a major bleeding event within one year.

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Patient Preference

It is important to take into account the concerns expressed by AFib patients in regards to the decision to take anticoagulants.

These concerns include:

- ✓ Food Interactions
- ✓ Regular Blood Monitoring
- ✓ Avoiding Injury
- ✓ Drug Interactions

PATIENT CONCERNS ASSESSMENT

Different OACs may impact day-to-day life in different ways. How important is each of these concerns to you?

Food interactions
Patients on OACs may need to monitor their intake of foods rich in vitamin K, such as green leafy vegetables like broccoli and spinach.

Avoiding injury
Patients on OACs may be susceptible to easy bruising and bleeding from minor injuries, and may need to avoid high-risk activities.

Regular blood monitoring
Patients on OACs may need to undergo regular blood monitoring and adjust OAC dosages.

Drug interactions
Patients on OACs may need to change their medication schedule, such as stopping or changing how often they take another drug.

These responses will appear in the patient summary handout, along with the risk assessment results.

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Get Started Today

Talk to your Janssen Pharmaceuticals, Inc., Account Director or Health Economics Liaison about getting started with this resource, including arranging for a demonstration of the SDM Tool.

To request access to the Tool visit: <https://www.janssenmd.com/tool-access-form/Cardiovascular/1667>