

Sex-related differences in self-reported treatment burden in patients with atrial fibrillation

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Funding Acknowledgements: Type of funding sources: None.

Background: Treatment burden (TB) is defined as the patient's workload of health care and its impact on patient functioning and well-being. High TB can lead to nonadherence, higher risk of adverse outcomes and lower quality of life. We have previously reported a higher TB in patients with atrial fibrillation (AF) vs. those with other chronic conditions. In this analysis, we explored sex-related differences in self-reported TB in AF patients.

Methods: A single-centre, prospective study included consecutive patients with AF under drug treatment for at least six months before enrolment from April to June 2019. Patients were asked to voluntarily and anonymously answer Treatment Burden Questionnaire (TBQ). All patients signed the written consent for participation.

Results: Of 331 patients (mean age 65.4 ±10.3 years, mean total AF history 6.41 ±6.62 years), 127 (38.4%) were females. The mean TB was significantly higher in females compared to males (53.7 vs. 42.6 out of 170 points, $p < 0.001$), also females more frequently reported TB ≥59 points than males (37.8% vs 20.6%, $p = 0.001$). Item-specific sex-related differences in self-reported TB questionnaire are showed in Figure. Sex-related differences in TB on multivariable regression analyses of the highest TB quartile (≥59 points) are showed in Table.

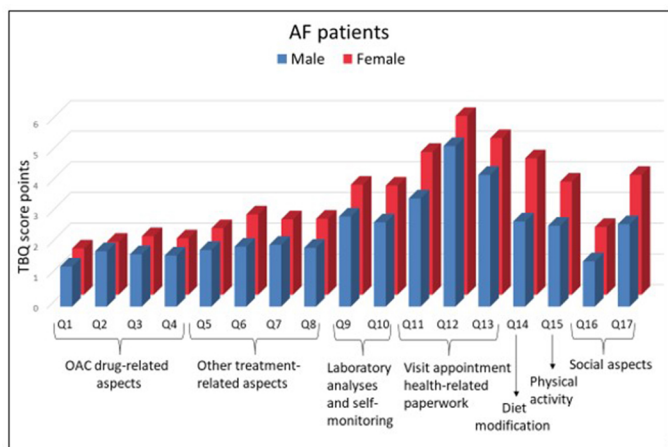
Conclusion: Our study was first to explore the sex-specific determinants of TB in AF patients. Females had significantly higher TB compared with males. Approximately 2 in 5 females and 1 in 5 males reported TB ≥59 points, previously shown to be an unacceptable burden of treatment for patients. Using a NOAC rather than VKA in females and a rhythm control strategy in males could decrease TB to acceptable values.

Table.

Multivariable Logistic Regression analysis of the highest TB quartile (TB ≥59)				
	Variable	OR	95% CI	P value
Female	PPI therapy	5.354	1.97-14.56	0.001
	NOAC	0.319	0.12-0.83	0.019
	Diuretic therapy	0.318	0.13-0.76	0.010
	CHA2DS2-VASc score	0.700	0.49-0.99	0.045
Male	Ablation and/or ECV	0.383	0.18-0.81	0.012
	Supraventricular arrhythmias	0.222	0.05-0.98	0.047

VKA: Vitamin K antagonist; ECV: electrical cardioversion; AF: Atrial fibrillation; PPI: Proton pump inhibitor; PCI: Percutaneous coronary intervention; NOAC: Non-vitamin k antagonist oral anticoagulant.

Abstract Figure.



AF: Atrial fibrillation; TBQ: Treatment Burden Questionnaire; Q: Question; OAC: Oral anticoagulant.