

Koziel M, Simovic S, Pavlovic N, et al; on behalf of the BALKAN-AF Investigators. Adherence to the ABC (Atrial fibrillation Better Care) pathway in the Balkan region: the BALKAN-AF survey. Pol Arch Intern Med. 2020; 130: 187-195. doi:10.20452/pamw.15146

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APPENDIX

"A+B"-adherent management

Data on "A+B"-adherent management (A, Avoid stroke with anticoagulation; B, Better symptom management with rate or rhythm control) were available in 2,106 (77.7%) patients. 1,390 (66.0%) patients had "A+B"-adherent management and 716 (34.0%) had "A+B"-non-adherent management.

Independent predictors of increased "A+B"-adherent management were: treatment by cardiologist [odds ratio (OR) 1.42, 95% confidence interval (CI) 1.15-1.74, $p = 0.001$], heart failure (HF) (OR 2.01, 95% CI 1.43-2.82, $p < 0.001$) and multimorbidity (defined as the presence of two or more long-term conditions) (OR 2.15, 95% CI 1.71-2.70, $p < 0.001$).

Independent predictors of decreased "A+B"-adherent management were: non-emergency centre (OR 0.55, 95% CI 0.45-0.68, $p < 0.001$) and paroxysmal atrial fibrillation (AF) (OR 0.55, 95% CI 0.46-0.65, $p < 0.001$) (see supplementary table 1).

Table S1. Independent predictors of the use of “A (A, Avoid stroke with anticoagulation”)-, “B” (B, Better symptom management with rate or rhythm control) -, “C” (C, Cardiovascular and comorbidity risk management) - and “A+B”-adherent management in the Balkan region

„A”-adherent management						
Variable	Univariate analysis			Multivariate analysis		
	OR	95% CI	p-value	OR	95% CI	p-value
Age ≥ 80 years	0.48	0.38- 0.60	<0.001	0.49	0.41- 0.63	<0.001
Capital city	2.12	1.76- 2.54	<0.001	2.27	1.87- 2.76	<0.001
University centre	2.00	1.57- 2.54	<0.001			
Treatment by cardiologist	1.47	1.20- 1.81	<0.001	1.34	1.08- 1.67	0.01
Paroxysmal AF	0.42	0.33- 0.53	<0.001	0.47	0.39- 0.57	<0.001
Hypertension	1.67	1.36- 2.05	<0.001	1.73	1.40- 2.15	<0.001
CAD	0.76	0.61- 0.90	<0.001	0.76	0.63- 0.92	0.01
DCM	1.70	1.15- 2.52	0.01	1.90	1.27- 2.85	0.002

Thyroid disease	1.56	1.14- 2.15	0.01	1.49	1.07- 2.06	0.002
Multimorbidity^a	1.36	1.07- 1.73	0.01			
Mean CHA₂DS₂-VASc score	0.94	0.89- 1.01	0.06			
Mean HAS-BLED score	1.18	1.08- 1.29	<0.001			
	„B”-adherent management					
First-diagnosed AF	0.66	0.49- 0.90	0.01			
Paroxysmal AF	0.66	0.48- 0.87	0.01	0.68	0.50- 0.90	0.01
Permanent AF	1.35	1.00- 1.83	0.045			
AF history less than 1 year	0.63	0.41- 0.97	0.04	0.64	0.42- 0.98	0.04
	„C”-adherent management					
Variable	OR	95% CI	p-value	OR	95% CI	p- value
Age	0.98	0.97- 0.99	0.001			
Age ≥ 80 years	0.68	0.54- 0.87	0.001	0.69	0.55- 0.87	0.002

		0.85			0.86	
Capital city	1.54	1.29- 1.83	<0.001	1.37	1.14- 1.64	0.001
Non-emergency centre	2.36	1.94- 2.88	<0.001	2.14	1.74- 2.63	<0.001
First-diagnosed AF	1.59	1.28- 1.97	<0.001	1.51	1.22- 1.88	<0.001
Paroxysmal AF	2.17	1.79- 2.63	<0.001	1.35	1.08- 1.70	0.01
Permanent AF	0.52	0.44- 0.62	<0.001			
Symptomatic AF^b	0.56	0.44- 0.70	<0.001			
Hypertension	5.96	4.87- 7.29	<0.001	8.96	7.05- 11.38	<0.001
HF	0.20	0.16- 0.24	<0.001	0.15	0.12- 0.19	<0.001
Diabetes mellitus	1.71	1.38- 2.12	<0.001	1.86	1.49- 2.31	<0.001
CKD	0.62	0.50- 0.77	<0.001	0.55	0.44- 0.69	<0.001
Prior TIA	2.23	1.20- 4.15	0.01	2.18	1.17- 4.08	0.01
Bleeding events	0.57	0.40- 0.82	0.003	0.56	0.38- 0.81	0.002

Multimorbidity^a	1.28	1.02- 1.61	0.03			
	„A+B“-adherent management					
Variable	OR	95% CI	p-value	OR	95% CI	p- value
University centre	1.36	1.08- 1.72	0.01			
Treatment by cardiologist	1.64	1.36- 1.99	<0.001	1.42	1.15- 1.74	0.001
Non-emergency centre	0.47	0.38- 0.57	<0.001	0.55	0.45- 0.68	<0.001
First-diagnosed AF	0.79	0.66- 0.95	0.01			
AF main reason for hospitalization (at enrolling visit)	0.76	0.65- 0.88	<0.001			
Paroxysmal AF	0.53	0.45- 0.62	<0.001	0.55	0.46- 0.65	<0.001
Permanent AF	1.44	1.24- 1.69	<0.001			
AF history less than 1 year	0.75	0.60- 0.93	0.011			
HF	1.85	1.59- 2.17	<0.001	2.01	1.43- 2.82	<0.001

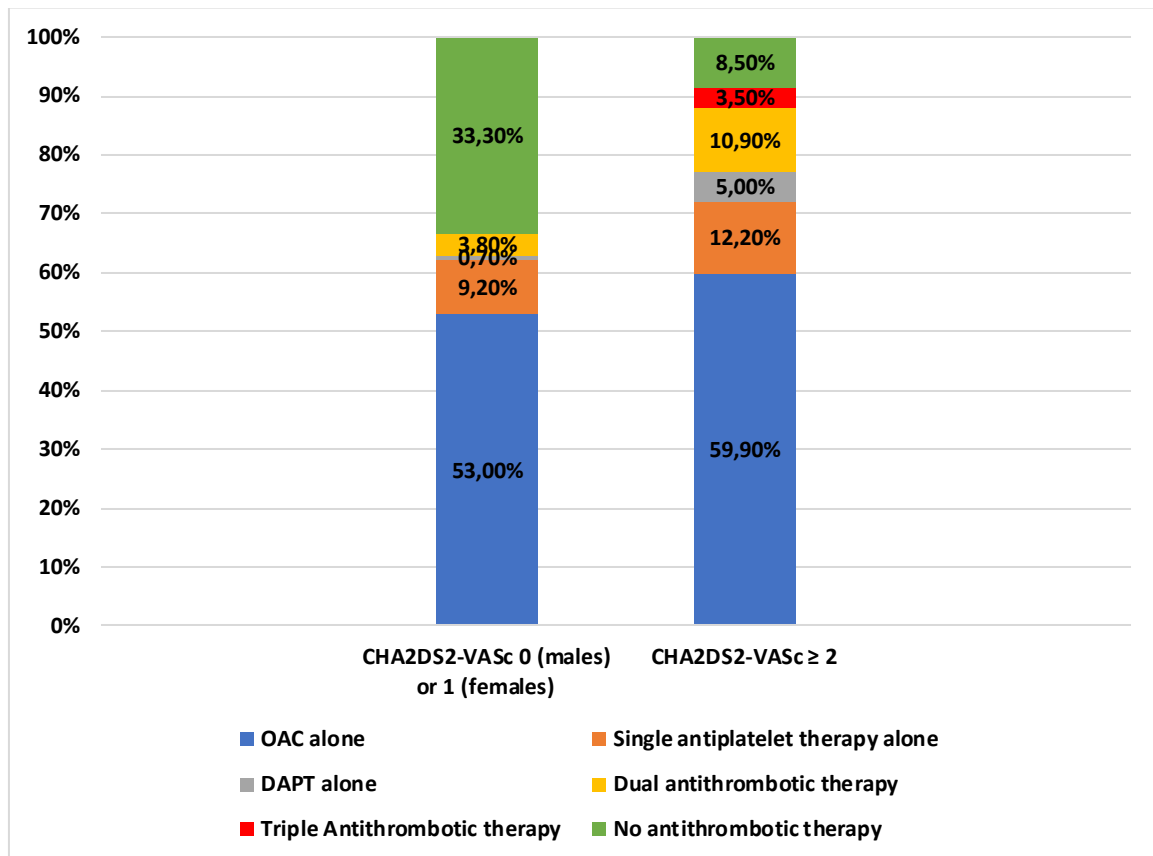
CKD	1.37	1.11- 1.70	0.003			
Multimorbidity ^a	2.15	1.71- 2.70	<0.001	2.15	1.71- 2.70	<0.001
Mean CHA₂DS₂-VASc score	1.07	1.02- 1.11	0.001			
Mean HAS-BLED score	1.07	1.01- 1.14	0.02			

^a The presence of two or more long-term conditions.

^b EHRA symptom score ≥ 2 .

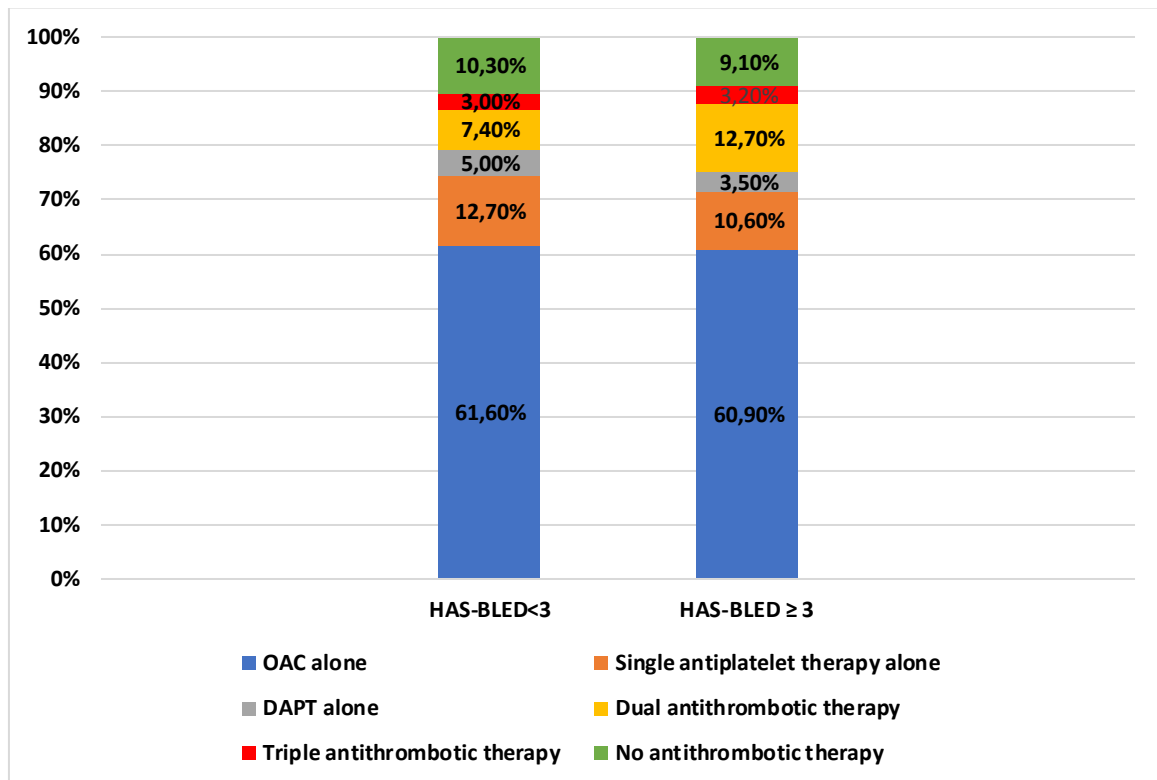
Abbreviations: A, Avoid stroke with anticoagulation; AF, atrial fibrillation, B, Better symptom management with rate or rhythm control; C, Cardiovascular and comorbidity risk management, CAD, coronary artery disease, CHA₂DS₂-VASc, congestive heart failure, hypertension, age ≥ 75 years, diabetes, stroke/transient ischaemic attack (TIA), vascular disease, age 65 to 74 years, sex category, CI, confidence interval, CKD, chronic kidney disease, DCM, dilated cardiomyopathy, HAS-BLED, hypertension, abnormal renal/liver function, stroke, bleeding history or predisposition, labile International Normalised Ratio, elderly (>65 years), drugs or alcohol concomitantly, HF, heart failure, OR, odds ratio, TIA, transient ischemic attack.

Figure S1. The use of antithrombotic therapies in patients with stroke risk defined by CHA₂DS₂-VASc (congestive heart failure, hypertension, age ≥ 75 years, diabetes, stroke/transient ischaemic attack (TIA), vascular disease, age 65 to 74 years, sex category) risk score



Abbreviations: CHA₂DS₂-VASc, congestive heart failure, hypertension, age ≥ 75 years, diabetes, stroke/transient ischemic attack (TIA), vascular disease, age 65 to 74 years, sex category, DAPT, dual antiplatelet therapy, OAC, oral anticoagulants.

Figure S2. The use of antithrombotic therapies in patients with bleeding risk defined by HAS-BLED (hypertension, abnormal renal/liver function, stroke, bleeding history or predisposition, labile International Normalised Ratio (INR), elderly (>65 years), drugs or alcohol concomitantly) risk score



Abbreviations: DAPT, dual antiplatelet therapy, HAS-BLED, hypertension, abnormal renal/liver function, stroke, bleeding history or predisposition, labile International Normalised Ratio (INR), elderly (>65 years), drugs or alcohol concomitantly, OAC, oral anticoagulants.