Pharmaceutical Care of People with Atrial Fibrillation

Course activities
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page
3  Case Study 1
5  Case Study 2
7  Case Study 3
9  Case Study 4
Case Study 1

Jim King, a 59-year-old man, has recently been discharged from hospital following an admission due to breathlessness and palpitations. An electrocardiogram confirmed fast atrial fibrillation and an echocardiogram showed a dilated left atrium and mitral stenosis. His past medical history includes hypertension treated with amlodipine 5mg a day. He was also on aspirin 75mg a day and simvastatin 40mg a day.

He presents to your community pharmacy with a prescription for:

- bisoprolol 5mg a day
- warfarin 1mg and 3mg tablets as per INR
- simvastatin 40mg at night

Pharmacist: Hello, Mr King, I hear you have been in hospital. How are you now?

Mr King: Not bad now. I had to go in because my heart was racing and I felt light-headed and breathless.

Pharmacist: I see they have changed your tablets.

Mr King: Yes, I’ve been put on two new tablets. I don’t know what I’ve to do about the tablets I was on before.

Pharmacist: Have you to go back to the hospital clinic?

Mr King: Yes, I have an appointment next week to have my blood tested and another appointment in a month to see the cardiologist.
Discussion points – Case Study 1

What is the rationale for the new medicines?

What monitoring is required for these medicines?

What advice would you offer Mr King regarding these medicines?

What are the likely reasons for discontinuing the amlodipine and aspirin?
Case Study 2

Mrs Kathy Young is a 61-year-old woman with a long history of angina and asthma. Last year she was also diagnosed as having atrial fibrillation.

Her current medication consists of:
- GTN spray 2 puffs as required
- aspirin 75mg daily
- amlodipine 5mg daily
- simvastatin 40mg daily
- digoxin 0.25mg daily

Pharmacist: Hello, Mrs Young, how are you?
Mrs Young: Not too bad, but I have felt my heart racing a bit recently.
Pharmacist: Have you seen Dr Brown about it?
Mrs Young: Yes, I saw him this morning. He has started me on another tablet.
Discussion points – Case Study 2

What is the likely additional rate control therapy and what factors would affect the choice?

What impact would this choice have on her current medication?

What other information would be useful?

Should she be on warfarin and if so, why?
Case Study 3

Mr Tom Hughes, a 68-year-old gentleman with a past medical history of asthma and mixed valve disease has recently been diagnosed with atrial fibrillation. He is currently treated with verapamil c/r 240mg daily and warfarin, dose as per International Normalised Ratio (INR).

He comes into your community pharmacy to collect his prescription.

Pharmacist Hello, Tom, how are you today?

Mr Hughes Fine, but it’s a bit of a hassle having to go for these blood tests all the time.

Pharmacist I know, but it is important that we get the dose of the warfarin right.

Mr Hughes So they tell me, but I can’t always make it.

Pharmacist Have you missed any appointments recently?

Mr Hughes The last one I was at was a month ago.

Pharmacist What was the INR result then?

Mr Hughes I think it was 2.7, less than 3 anyway.

Pharmacist Have you noticed any bleeding or bruising?

Mr Hughes I still bruise a bit, but no bleeding. I have noticed that when I go to the toilet; my stools are much darker than usual.
Discussion points – Case Study 3

What are the possible causes of dark stools?

What are the possible causes of high INR results?

What are the other possible bleeding foci?

What would you tell Mr Hughes to do?
Case Study 4

Ms Jane Clark is a 46-year-old woman who has a 10-year history of hypertension. She has recently been admitted to hospital with a myocardial infarction complicated by new onset atrial fibrillation.

Her current medication is:
- aspirin 75mg daily
- simvastatin 40mg daily
- atenolol 100mg daily
- GTN spray as required for chest pain

Ms Clark, I hear you have been in hospital?

Ms Clark
Yes, but feel fine now. I had a heart attack and now I’ve got to take tablets to slow my heart down and help it work better.

What have they put you on?

Ms Clark gives you a prescription for:
- *aspirin 75mg daily*
- *digoxin 0.25mg daily*
- *simvastatin 40mg daily*
- *furosemide 40mg daily*
- *ramipril 2.5mg twice daily*
- *warfarin as per INR*
- *GTN spray as required for chest pain*

I see they have stopped your atenolol.

Ms Clark
Yes, but I don’t know why, I’ve been on that for years.

How have you been since you got home?

Ms Clark
Not too bad. I’ve started doing a bit more exercise and sometimes I feel my heart racing. I feel OK if I have a rest though.
Discussion points – Case Study 4

Why has Ms Clark developed atrial fibrillation?

What is the rationale for:
  a. the choice of rate control therapy?
  b. the combination of aspirin and warfarin?

How would you account for the recent episodes of uncontrolled heart rate?

What are the pharmaceutical care issues relating to atrial fibrillation in this patient?