INTERVIEW

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The future of anticoagulation

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Joanna Chataway*¹ & Catherine Lichten¹ speak to Ellen Clark, Commissioning Editor:**

Joanna Chataway is a Director of the Innovation, Health and Science Group at RAND Europe. She has held senior positions and appointments across a range of academic, policy research, consulting and research funding bodies. She has >25 years of experience in the areas of research, innovation and technology policy. She has particular expertise in the fields of global development and health innovation and has researched extensively the range of factors that influence the rate and direction of product and process innovation in

health. Her research has spanned public and private sectors and she has worked in industrially developed and developing countries. She has researched and reported on regulation, standards, public opinion, finance, institutional and organizational arrangements, public/private partnerships, intellectual property and clinician and patient behaviors in relation to medical and health innovation. In addition to her RAND appointment, Chataway is a professor at The Open University and is currently a senior leader of the Innogen Institute (formerly the ESRC Innogen Centre), which conducts a broad range of interdisciplinary research projects on social and economic aspects of innovation in life sciences. Innogen is based at The Open University and The University of Edinburgh. Chataway received her PhD from The Open University. She is a member of the Phi Beta Kappa Honors Society.

Catherine Lichten is a researcher in the Innovation, Health and Science Group at RAND Europe. Her research interests focus on strategies for supporting research and innovation, particularly in health. Her recent work includes an assessment of the UK's dementia research landscape and opportunities for capacity-building, and an international mapping of the mental health research funding landscape. Prior to joining RAND, she worked as a journalist covering life sciences research policy in the UK and the Europe. She holds a PhD in computational biology from McGill University in Canada.

Q You have recently completed a report on the future of anticoagulation. Can you tell us a bit behind the rationale of the report?

JC: The initiative is part of a concern about the low awareness in atrial fibrillation (AF) and trying to gauge what the future would be both in terms of prevalence and the impact of this condition in Europe, and in terms of the different treatment options and the way that the treatment options may be acted upon in different health system settings. The rationale was to explore the terrain both in the current context and also to look at the different dynamics [1].

KEYWORDS

• anticoagulation
• atrialfibrillation • health innovation • NOAC

¹RAND Europe, Westbrook Centre/Milton Road, Cambridge, CB4 1YG, UK

*Author for correspondence: joanna_chataway@rand.org

**Author for correspondence: clichten@rand.org

CL: One interesting aspect of the study was that we were not just looking at the technology alone or the medical context, but looking at a wider range of factors, including social issues that are affecting how AF is dealt with, in particular with regard to anticoagulation and the wider contextual issues.

Q Why did you choose to focus on AF & are there any significant complications associated with the disease?

JC: It is clear that some of the projections about the increase in prevalence of AF mean that it is an important area to be thinking about. The other factor is that there are new treatment options becoming available, which was clearly one of the motivating forces behind the work.

Q Can you summarize the main aims of the study?

JC: The study was designed to review the research literature and the clinical guidelines so as to get an idea of the current context and the current landscape. We did 60 interviews with doctors, patients, representatives and policy makers from six focus countries. We used a PESTLE analysis (political, economic, social, technological, legal and environmental factors that impact on AF management), and we used that PESTLE analysis to develop future scenarios.

CL: It was really to assess the current landscape and to try and get an understanding of where the future is headed in this area, with the aim of coming up with some recommendations to see how we could improve the future landscape.

Q What key challenges from the field did you see emerging from the study?

JC: The low awareness issue is really a very significant challenge and there are a number of things that feed into it. But one of the problems with AF is that it is asymptomatic, and I think that does not help in driving people's awareness.

CL: I think it is an interesting situation with AF. There have been management options available for some time, with improvements in terms of anticoagulation. However, it does not necessarily mean people are being treated as they should be. There are people who do not know they have AF, or are being given anticoagulants when they do not need it, or who are not getting the anticoagulants they need. It is not an uncommon condition, and it is not something that has only been discovered recently. Getting the approach

to treatment right seems to go beyond just developing drugs.

JC: There is a vicious cycle between awareness and education about an appropriate treatment. Because awareness is low, patients do not know that they need help and they do not know what kind of help might be available.

CL: John Camm (University of London, UK) highlighted that when he was first training, there was this idea that you did not need to treat AF. He strongly expressed the view that this needed to change, because now there are other options available to patients in terms of stroke prevention, and it is very important to make sure that people are given access to those management options.

JC: There is also this really interesting phenomenon whereby in the 1970s, there was very little research going on in the area of AF and that is a reflection of the view that it was not important. That does begin to change over the 1970s, 1980s, 1990s and into the 2000s, when we see a huge increase in the number of publications and the amount of research going on in this area. That is another driver in terms of treatment options and increased education around the treatment options, along with increased awareness.

CL: When we talk about treatment options there is a bit of confusion and maybe a need for clarity in terms of the idea of what we were looking at. The stroke prevention and anticoagulation therapies do not treat the condition itself, so it might be more appropriate to think of them as management options.

Q Can you tell us about the short- & long-term recommendations from the study?

The immediate recommendations were to improve AF awareness among the public and policy makers. We need to focus on the concept that AF increases the risk of preventable AF-related stroke. We need to get across the message that it is not just palpitations that make you feel a bit light headed, it can have very serious consequences. It will cost a lot to those who suffer stroke, and also to health systems. Improved awareness would hopefully lead to earlier detection and intervention.

CL: We look at the challenges associated with some of the recommendations too. There is a good chance that if there is increased awareness more people will wonder if they have the condition.

JC: The aim is to try and build awareness through managed campaigns so as not to alarm people unnecessarily or generate a huge amount of extra work for GPs.

Awareness was the first immediate recommendation, and education was the second. The difference is that education is more specific, it is more about getting the right treatment to match the real needs of patients. The third recommendation was to maintain engagement in AF-related research across health services. I made the point that in the 1970s, there was very little research and it is important to focus on immediate awareness and education to maintain a focus on the longer term secondary and tertiary aspects of the health service functions in relation to AF.

Q What impact do you think the report will have on healthcare professionals & policy makers?

CL: There are healthcare management options that can be used with AF to prevent strokes, which is a severe outcome. There is the idea that there are preventable strokes that could be occurring because AF is going undetected. That is an important message given the increasing prevalence we are seeing as the population ages. The first two recommendations are relatively simple things that can be done to try and improve the situation. It is simply a lack of information. Improving this information availability and getting messages out through various channels to patients and doctors is a relatively small thing could have a big effect. I am hoping the report gets that message across.

JC: That impact on patient outcomes is the really important one. Thinking more generally the idea

that new treatments do not automatically reach patients as they should. It is quite a complex pathway from the new treatment to the patient. It is really valuable to have that acknowledged and to see that there are social innervations that need to go alongside technological innervations if they are to achieve their maximum benefit.

Q Do you have any plans for future studies?

JC: We have been discussing some future follow-up work, which will take these general findings at a more regional and national level. I think there could be some interesting quantitative work built on this qualitative study, where we would be able to quantify the impact of the recommendations being taken up in different locations. I think that would be an interesting next step.

Disclaimer

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Reference

- 1 RAND Corporation. The future of anticoagulation for management of atrial fibrillation. www.rand.org