First Macedonian Registry on Atrial Fibrillation

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Objectives: More than a half of the patients with atrial fibrillation (AF) are not adequately anti-coagulated, even though there is strong evidence in favor of the oral anticoagulant (OAC) therapy used in prevention of ischemic stroke in this patient-population. Most frequent factors causing this problem are: non-adherence to the Guidelines as well as the limitations like: difficulties in the maintenance of INR within therapeutic range, the necessity of monitoring and numerous interactions with food and other medications. **Aim:** Concerning non-adherence to the Guidelines all over the world in the treatment of the patients with AF, the aim of this Registry is to find the weak points in the treatment of these patients, and equilibrate the treatment all over the Country.

Patients and Methods: More than 1,000 consecutive patients with AF in their electrocardiogram, diagnosed in the last year will be included in this Registry in the first year, from all over the country. All parameters concerning underlying cardiovascular disease will be listed and analyzed, also all co-morbidities. All diagnostic and interventional procedures, medications during this period will be analyzed, with special concern on anticoagulation therapy, type of anticoagulation, monitoring, and reason why, if not anti-coagulated. Analyses will be done in the way of treatment of the patient regarding the place of consultation: outpatient department, hospital, university clinic. Outcome points were defined as: cardiovascular death, death from other reason, ischaemic stroke, hemorrhagic stroke, transitory ischaemic

attack, other major hemorrhage or thrombo-embolic complication.

Results: Will be available at the end of the study; preliminary results will be due July 2013.

Conclusion: General risk profile of patients with AF, frequency of anticoagulation, frequency of effective treatment and risks of bleeding will be evaluated. All outcome points will be analyzed, their independent predictors will be determined and the follow up will continue in the next 5 years.

KEYWORDS: atrial fibrillation, oral anticoagulation, registry.

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