

ABC pathway in managing atrial fibrillation in Malaysia: Are we there yet?

Mohammad Ammar Hakim Osman¹, Hanis Hanum Zulkifly², Izzati Abdul Halim Zaki², Raja Ezman Faridz Raja Shariff³, Sahimi Mohamed⁴

¹Department of Clinical Pharmacy, Hospital Kuala Lumpur, Malaysia, ²Department of Clinical Pharmacy, Universiti Teknologi MARA, Selangor, Malaysia, ³Department of Medicine, Hospital Al-Sultan Abdullah, UiTM, Selangor, Malaysia, ⁴Department of Clinical Pharmacy, Hospital Sultan Idris Shah, Selangor, Malaysia

ABSTRACT

Introduction: In 2020, the European Society of Cardiology guidelines introduced Atrial Fibrillation Better Care (ABC) pathway as a structured approach in managing AF patients. "A" Avoid stroke; "B" Better AF symptom management; "C" Cardiovascular risk factors and Comorbidity optimization. Implementation in other studies have been shown to significantly reduce risk of stroke, cardiovascular mortality, hospitalization rate, and major bleeding risk. **Materials and Methods:** This retrospective study investigated adherence to ABC pathway in two cardiology centers in Malaysia from June 2020 to December 2022. Baseline demographic and clinical characteristics between patient's adherent and nonadherent to ABC pathway were compared. Thromboembolic events, bleeding events, cardiovascular mortality and all-cause mortality among AF patients were evaluated and multivariate regression analysis was conducted to investigate the role of ABC pathway in predicting major events. **Results:** A total of 322 patients (mean age: 70 ± 12 years; 47.5% female) were included in this study: adherence to A criterion was observed in 227 (70.5%) patients: adherence to B criterion was observed in 321 (99.7%) patients and adherence to C criterion was observed in 128 (39.8%) patients. Only 90 (28%) patients were fully adherent to the ABC pathway. ABC-adherent cohort were younger (66.53 ± 11.19 vs 70.5 ± 11 ; $p=0.005$), had better control of blood pressure (6.7% vs 56.5%; $p < 0.001$), better control of blood sugar level (1.1% vs 18.1%; $p < 0.001$), better control of LDL level (4.4% vs 24.1%; $p < 0.001$), better Time in Therapeutic Range score (77.97 ± 9.15 vs 59.90 ± 17.95 ; $p < 0.001$), and lower EHRA score (1.08 ± 0.27 vs 1.13 ± 0.34 ; $p=0.016$) compared to patients in the non-ABC adherent cohort. This study did not find any difference in clinical outcomes between these two cohorts. **Conclusion:** A prospective study with greater sample size is needed to prove the impact of ABC pathway among Malaysian population.