Knowledge, Attitudes, and Practice Patterns of Primary Care Physicians in Prevention and Management of Stroke and VTE in High Risk Patients
Survey Instrument

Case #1: A family member brings one of your patients, an 80-year old woman, to see you, stating that the patient is febrile, having trouble breathing, and has been somewhat confused for the past day. They further tell you that, because she has not felt well, she has spent the past 2 days in bed, getting out only to go to the bathroom.

Your patient has a temperature of 101 F, respirations of 28/minute and shallow, blood pressure of 100/70, and a pulse of 120. On pulmonary examination, she crackles and wheezes in the right base. She is somewhat confused, which is not normal for this patient. Her past medical history is remarkable only for hypertension treated with hydrochlorothiazide. You obtain a chest x-ray which shows a right lower lobe pneumonia. She has a mildly elevated white blood cell count and mildly elevated BUN. You decide to admit her to the hospital, to a non-ICU bed.

1. **Would you use prophylactic anticoagulant or antiplatelet therapy for this patient?** (select only one)

- ❑ Yes
- ❑ No

2. **If you were to initiate prophylactic anticoagulant therapy for this patient, which of the following agents would you choose?** (select only one)

- ❑ Aspirin
- ❑ Clopidogrel
- ❑ Subcutaneous low molecular weight heparin and concomitant warfarin
- ❑ Unfractionated heparin
- ❑ Warfarin to INR 1.7-2.5
- ❑ Warfarin to INR 2-3
- ❑ Warfarin to INR >3

Case #1 continued: Your patient does well with appropriate antibiotic therapy and hydration. Within 24 hours she has defervesced, is no longer confused or tachycardic, and her respirations are down to 24/minute. She remains in the hospital to transition from IV to oral antibiotics. However, during her first day in the hospital she remained bedridden. When the nurses attempt to get her out of bed on day 2, they note she has a swollen, tender, warm right lower extremity. You order a venous ultrasound, which is positive for DVT.

3. **What is the recommended therapy for the patient's deep venous thrombosis?** (select only one)

- ❑ Fondaparinux
- ❑ Low molecular weight heparin
- ❑ Low molecular weight heparin and concomitant warfarin until INR is between 2 and 3
- ❑ Dalteparin 5,000 units subcutaneously daily for one week, then begin oral warfarin

Case #2: A 67 year old male patient comes to your office complaining of intermittent palpitations during which he feels lightheaded and weak. He denies chest pain, shortness of breath, and syncope. His past medical history includes hypertension, hypercholesterolemia, and type II diabetes. He has no history of myocardial ischemia. His medications include aspirin (81 mg daily), hydrochlorothiazide, a statin, and metformin. His physical examination shows a blood pressure of 118/86, a respiratory rate of 20, and a heart rate of 80. During his in-office electrocardiogram he has an episode of palpitations, which you find is atrial fibrillation (120 beats/minute).

4. **Would you use anticoagulant therapy with this patient?**

- ❑ Yes
- ❑ No

5. **If you were to use anticoagulant therapy for this patient, what would your initial therapeutic choice be?** (select only one)

- ❑ Continue aspirin alone at the current dose
- ❑ Increase the aspirin dose to 325 mg daily
- ❑ Add warfarin (to an INR of 2.0 to 3.0) to current regimen
- ❑ Stop aspirin and add warfarin to an INR of 2.0 to 3.0

Case # 3: An 83 year old female patient is brought to your office by her family because when they spoke with her today they noted slurred speech. She says she has been having trouble using her left hand for the past day. She denies any dizziness, lightheadedness, confusion, falling, syncope, nausea, chest pain, or shortness of breath. Her past medical history includes hypertension, type II diabetes, and arthritis. She is currently taking acetaminophen for osteoarthritis, aspirin (81 mg/day), hydrochlorothiazide, and metformin. She has no history of cardiac disease or stroke. On physical examination you note slurred speech and weakness of the left arm and leg. Her blood pressure is 130/ 90 and her heart rate is 120 beats/minute and irregular. The rest of her physical examination is unremarkable. An in-office ECG finds her to be in atrial fibrillation. She has no signs of cardiac ischemia.

6. **Would you use anticoagulant therapy with this patient?**

- ❑ Yes
- ❑ No

7. **If you were to use anticoagulant therapy for this patient, what would your initial therapeutic choice be?** (select only one)

- ❑ Continue aspirin alone at the current dose
- ❑ Increase the aspirin dose to 325 mg daily
- ❑ Add warfarin (to an INR of 2.0 to 3.0) to current regimen
- ❑ Stop aspirin and add warfarin to an INR of 2.0 to 3.0

8. **Please consider the following factors and indicate the one from each pair that most influences your decision about your therapeutic choice for this patient**.

❑	Risk of hemorrhage	vs.	❑	Risk of embolism
❑	Risk of hemorrhage	vs.	❑	Inconvenience of monitoring
❑	Risk of embolism	vs.	❑	Inconvenience of monitoring
❑	Risk of embolism	vs.	❑	Patient age
❑	Risk of hemorrhage	vs.	❑	Patient age
❑	Inconvenience of monitoring	vs.	❑	Patient age

9. **How useful do you find guidelines (AAFP or ACC/AHA/ESC) in making choices about anti- coagulation therapy?** (select only one number for each)

	Not At All Useful				**Somewhat Useful**					**Extremely Useful**
AAFP	1	2	3	4	5	6	7	8	9	10
ACC/AHA/ESC	1	2	3	4	5	6	7	8	9	10

10. **How would you rate your familiarity with the following classes of antithrombotic agents?** (select only one number for each)

	Not At All Familiar				**Somewhat Familiar**					**Extremely Familiar**
Low molecular weight heparin	1	2	3	4	5	6	7	8	9	10
Factor Xa inhibitors	1	2	3	4	5	6	7	8	9	10
Direct thrombin inhibitors	1	2	3	4	5	6	7	8	9	10

11. **Please rate the importance of each of the following factors in prescribing an anticoagulant medication for your patient? (select only one number for each)**

	Least Important									**Most Important**
Feasibility of reversing the effect of medication	1	2	3	4	5	6	7	8	9	10
Mechanism of action	1	2	3	4	5	6	7	8	9	10
Cost associated with medication and its related support	1	2	3	4	5	6	7	8	9	10
Need for monitoring	1	2	3	4	5	6	7	8	9	10
Route of administration (oral vs. injection)	1	2	3	4	5	6	7	8	9	10
Therapeutic window	1	2	3	4	5	6	7	8	9	10
Drug-drug interaction	1	2	3	4	5	6	7	8	9	10
Drug-food interaction	1	2	3	4	5	6	7	8	9	10
Adverse events (non bleeding)	1	2	3	4	5	6	7	8	9	10
Bleeding rate	1	2	3	4	5	6	7	8	9	10

12. **Which of the following issues pose the greatest barrier to adequate treatment of deep vein thrombosis in your patients?** (select only one)

❑ Reluctance of patients to use injectable anticoagulants at home

❑ Difficulty of patients on warfarin complying with a diet that is low in Vitamin K

❑ Need for frequent PT/INR monitoring in patients on warfarin

- ❑ Expense of injectable low molecular weight heparins
- ❑ Inability to use anticoagulation in patients with bleeding problems

13. **Approximately how many patients do you see each week? _____/per week**
14. **Approximately what percentage of your patients do you treat with anticoagulation therapy_____%**
15. **Please estimate the percent of your patients that require anticoagulation treatment in the following age groups.**

    Percentage of patients 60 years and younger _____ %
    Percentage of patients aged 60-74 _____ %
    Percentage of patients older than 75 _____ %

16. **How many years have you been in practice? _____**

17. **<u>Physician Specialty</u>**
- ❑ Internal medicine
- ❑ Family practice
- ❑ Other _____

18. **<u>Work Environment</u>**
- ❑ Academic institution
- ❑ HMO
- ❑ Hospital
- ❑ VA
- ❑ Other

19. **<u>Degree</u>**
- ❑ MD
- ❑ DO
- ❑ Other _____

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