

# Co-developing a qualitative study exploring the determinants of safe anti-coagulation in frail older adults

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## Introduction

Despite the knowledge that oral anti-coagulation (OAC) is effective in secondary prevention of stroke, prescribing rates are low in frail older patients with atrial fibrillation (AF), dementia, and high fall risks<sup>1,2</sup>. A joint decision-making approach between clinicians, patients and carers is needed to negotiate the risk-benefit balance<sup>3,4</sup>. The aim of this participatory study was to engage with a group of older adults, their carers and healthcare professionals to identify key themes that will inform a planned qualitative study exploring frail older patients' acceptance of and adherence to OAC.



## Methods

We identified a group of twenty-eight adults (aged >65 years) and carers from community partners: 'Ageing Well' platform, Health Watch team, and the University of the Third Age (U3A) in Brighton and Hove, East Sussex, UK. Using two case vignettes of hypothetical OAC decisions, we hosted two virtual focus group meetings with the above cohort, followed by a virtual meeting with four geriatricians, two pharmacists, a GP and a patient champion. Inductive thematic analysis was performed on the group discussions by two researchers independently.



## Results

Five key themes were identified as crucial to include in the future qualitative study discussions :

- (i) age should not be a barrier to anti-coagulation
- (ii) individualised, holistic assessment by a specialist is mandatory
- (iii) annual review of anti-coagulation should be performed, revisiting patients and carers' understanding of the risks and benefits
- (iv) patient and carer education should be tailored to their medical and social background, and
- (v) quality of life should be a key factor in OAC decisions.

## Conclusion

Engaging with a group of older adults in a co-development exercise helped identify key themes for a future study of anti-coagulation in frail older adults with AF.

## References

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