



This House Believes That
Atrial Fibrillation Should
be Managed in Primary
Care

The Secondary Care
View

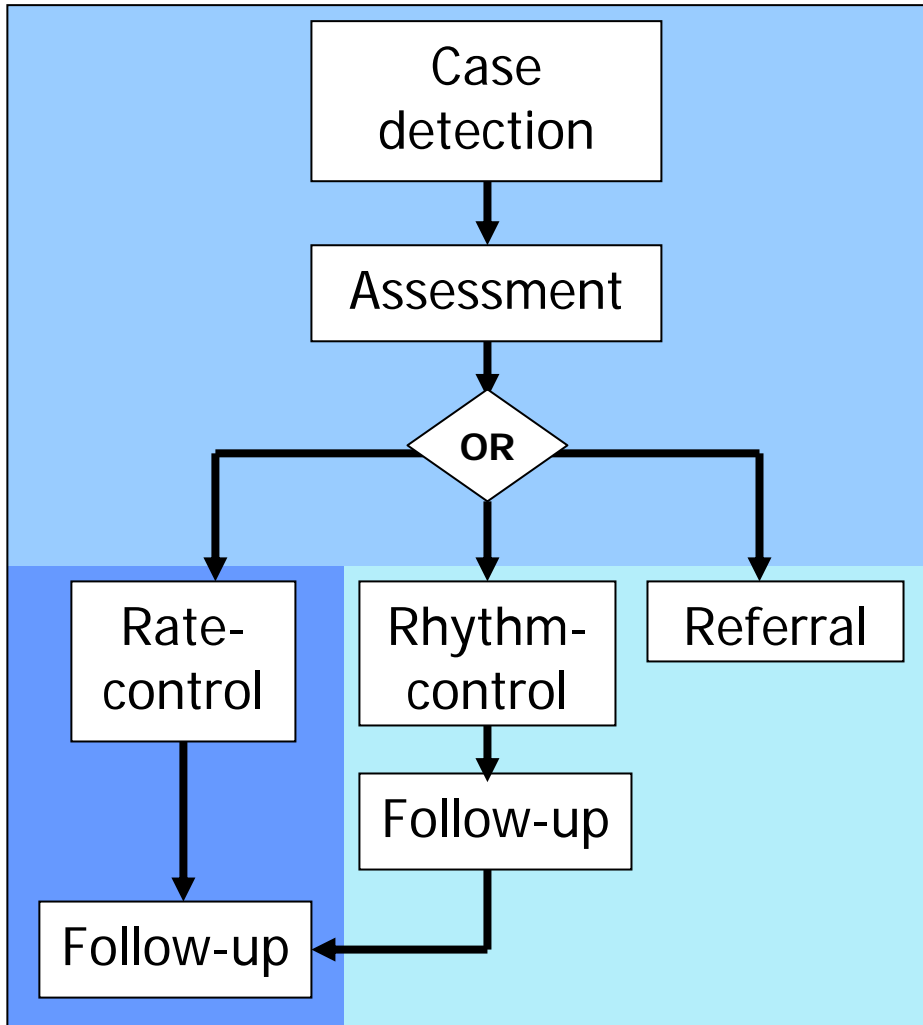
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Atrial fibrillation

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AF care pathway

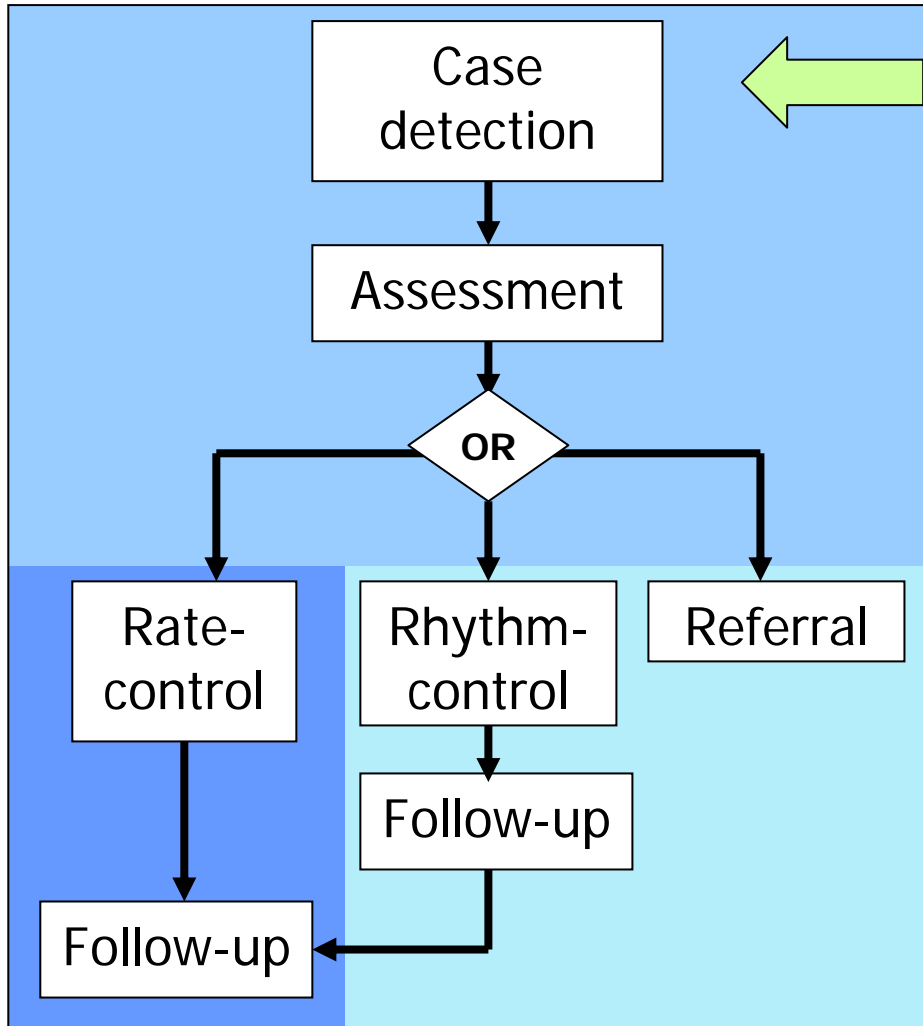


The management and presentation of AF involves all healthcare settings

- Primary/secondary/emergency care
- Primary/secondary care
- Secondary/tertiary care

What Should be the Priority in Primary Care?

Detection and Diagnosis



An ECG should be performed in all patients, whether symptomatic or not, in whom AF is suspected because an irregular pulse has been detected

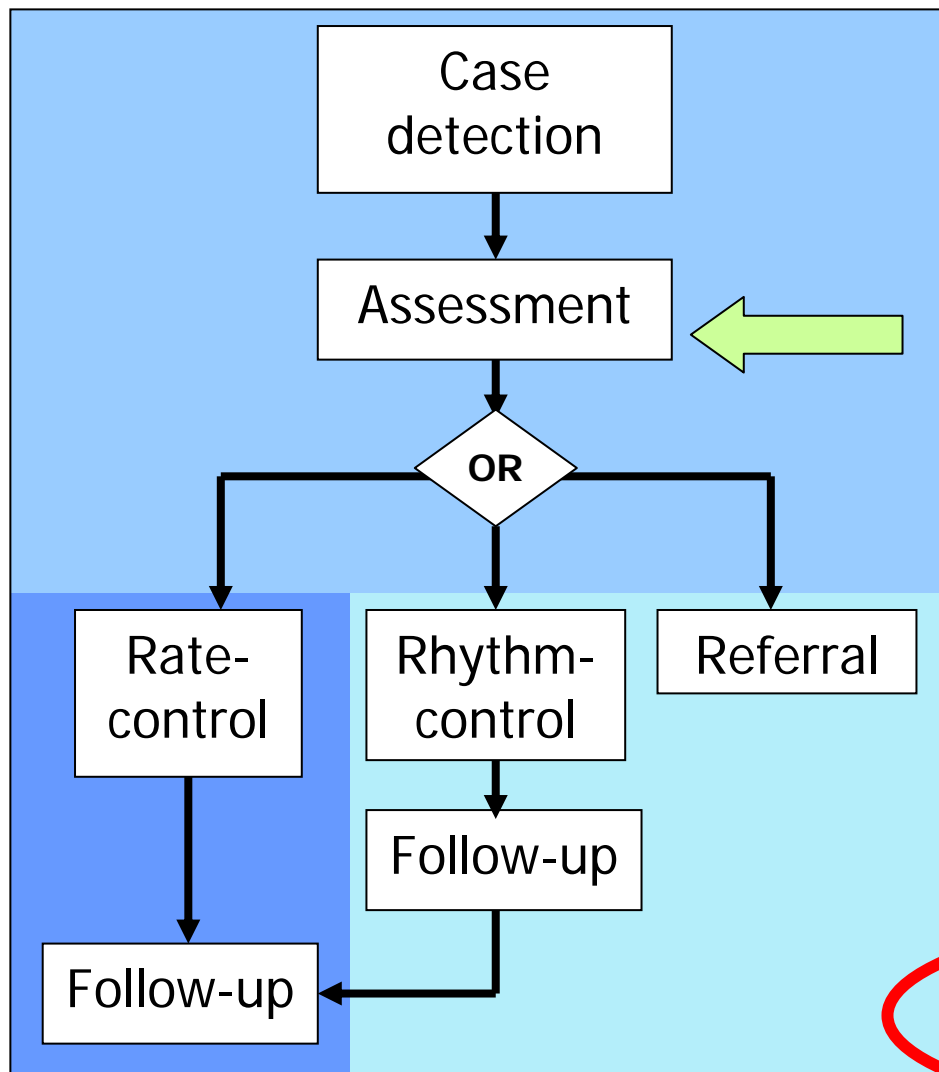
NICE Guidelines - Suggested Actions

Remember to use ECG to confirm diagnosis and the routine recording of ECG results

Review access to diagnostics – irrespective of how services are structured **locally, easy access and rapid reporting** are essential

Key priorities in NICE Guidelines

Choosing the most effective treatment



- Some patients with **persistent AF** will satisfy criteria for either an initial rate- or rhythm-control strategy
- Indications for each option are not mutually exclusive
- Involve the patient in the treatment decision
- Take comorbidities into account
- Antithrombotic therapy should always be used

Patients with AF

Determine stroke/thromboembolic risk

High risk:

- Previous ischaemic stroke/TIA or thromboembolic event
- Age >75 with hypertension, diabetes or vascular disease
- Clinical evidence of valve disease, heart failure, or impaired left ventricular function on echocardiography

Moderate risk:

- Age >65 with no high risk factors
- Age <75 with hypertension, diabetes or vascular disease

Low risk:

- Age <65 with no moderate or high risk factors

Why Secondary Care? High Quality Imaging



Why Secondary Care?

Access to Ambulatory ECG Monitoring



Antithrombotic Therapy

What is the Current Situation?

Only 65% of AF patients receive antithrombotic treatment (29% warfarin, 36% aspirin)

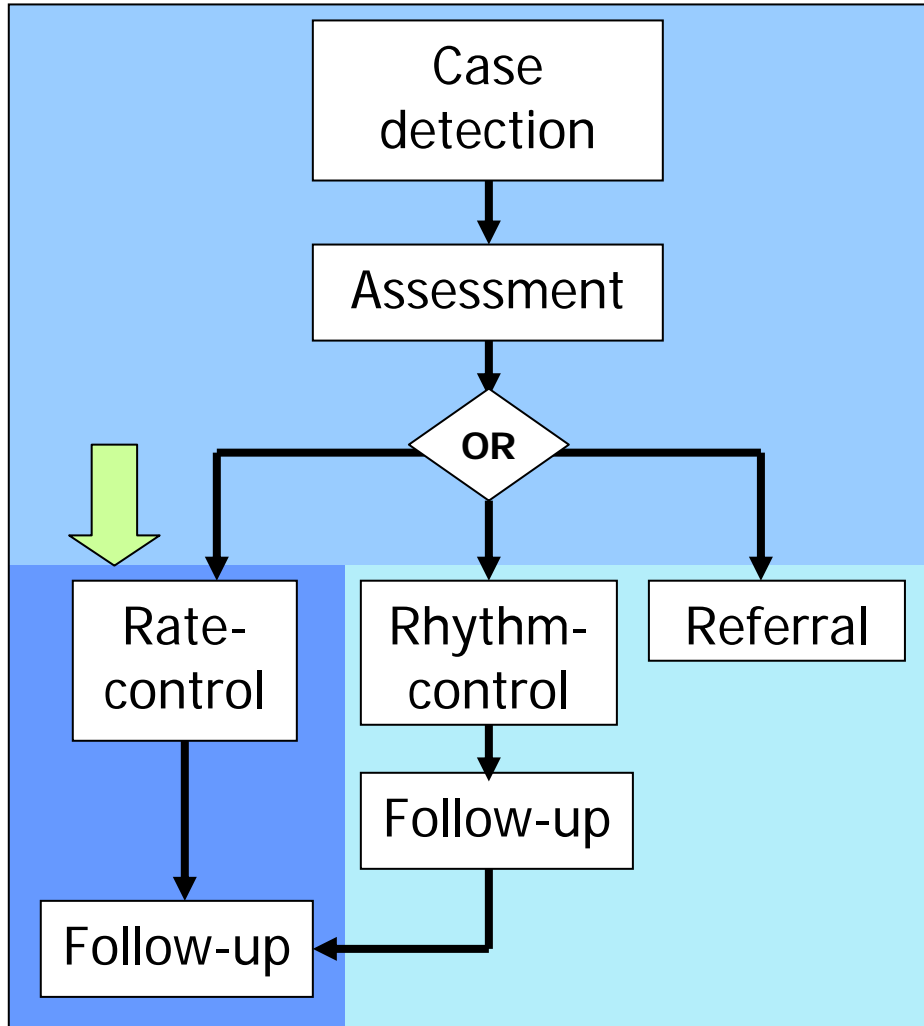
24% of stroke patients who had AF pre-stroke were on warfarin but up to 75% of these patients should have received warfarin

Study of 502,493 patients in 60 practices in England and Wales in 2000 identified contraindications to warfarin in only 6% of patients <65, 9% in patients 65-74 and 14% in patients >75

Antithrombotic therapy as per NICE guidance could result in an additional 7100 strokes being avoided per year

Key priorities In NICE Guidelines

Optimise pharmacological management

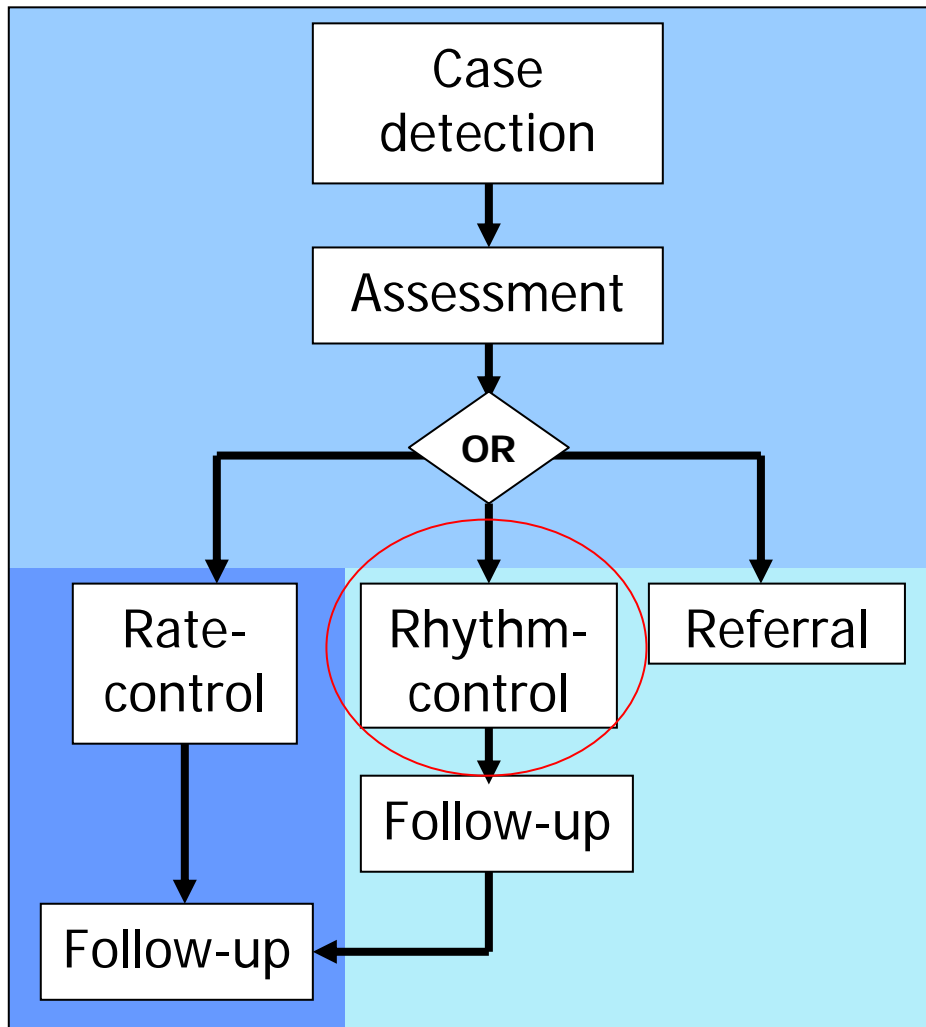


In patients with permanent AF, who need treatment for rate-control:

- beta-blockers or rate-limiting calcium antagonists should be the preferred initial monotherapy in all patients
- digoxin should only be considered as monotherapy in predominantly sedentary patients

NICE Guidelines

Rhythm Control Strategy



2 types of cardioversion:
pharmacological (PCV)
electrical (ECV)

Success rates of ECV are ~80%

ECV is much less effective after 1
year of AF

Nurse-led cardioversion is
increasingly popular

Treatment for Paroxysmal AF

Options include: “pill in the pocket”, daily drug therapy, “Prevent AF” pacemaker

Is Primary Care the best place to control PAF?

- sotalol
- class Ic drugs
- amiodarone
- ?dronedone

Who Needs Tertiary Care?

Referral for further specialist intervention should be considered in patients:

- in whom pharmacological therapy has failed
- with lone AF, especially paroxysmal
- with ECG evidence of any underlying electrophysiological disorder

Options include:

- internal cardioversion
- AF ablation (His + pacer; focal ablation)

