Atrial Fibrillation GP perspective

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Case finding.

- ✓ Risk factors
- ✓ Should we screen ?
- ✓ Common presentations

Patient knowledge advice

MBS

AF – risk factors

Demographic and socioeconomic factors [	Age, male sex, Caucasian ethnicity, lower socioeconomic status and social deprivation, family history of AF
Lifestyle	Smoking/tobacco use, alcohol intake, sedentary lifestyle, or vigorous exercise
Cardiovascular conditions	Heart failure, coronary artery disease, vascular disease, rheumatic heart disease and valvular disease, congenital heart disease, heart rhythm disorders
Health factors and other risk factors [	Hypertension, dyslipidemia, diabetes mellitus, renal dysfunction, obesity, sleep-disordered breathing, chronic obstructive pulmonary disease, inflammatory diseases, surgery

AF presentations

- Asymptomatic
- Symptomatic -due to arrhythmia
  - *Dyspnoea, light headed, Palpitations, Tired/weak, chest pain difficulty exercising*
- Symptomatic -due to complications
  - *stroke, heart failure, other embolic event*

WHO Principles of Early Disease Detection

Condition

- The condition should be an important health problem.
- There should be a recognisable latent or early symptomatic stage.
- The natural history of the condition, including development from latent to declared disease, should be adequately understood.

Test

- There should be a suitable test or examination.
- The test should be acceptable to the population.

Treatment

- There should be an accepted treatment for patients with recognised disease.

Screening Program

- There should be an agreed policy on whom to treat as patients.
- Facilities for diagnosis and treatment should be available.
- The cost of case-findings (including diagnosis and treatment of patients diagnosed) should be economically balanced in relation to possible expenditure on medical care as a whole.
- Case-findings should be a continuing process and not a 'once and for all' project.

- AF is the most common heart arrhythmia; it increases in incidence with age, affecting less than 1% of patients aged 80 years.
- Systematic screening for AF is not recommended; however, opportunistic screening when taking a blood pressure or at other times appears to be cost effective. 2016
- BUT ......

Should we screen for AF ?

RACGP
Royal Australian College of General Practitioners

Guidelines for preventive activities in general practice
9th edition

Should we screen?

- screen-detected AF found at a single timepoint or by intermittent ECG recordings over 2 weeks is not a benign condition and, with additional stroke factors, carries sufficient risk of stroke to justify consideration of anticoagulation.
- With regard to the methods of mass screening, handheld ECG devices have the advantage of providing a verifiable ECG trace that guidelines require for AF diagnosis and would therefore be preferred as screening tools.
- Certain patient groups, such as those with recent embolic stroke of uncertain source (ESUS), require more intensive monitoring for AF.
- ……

Freedman B, et al. Screening for Atrial Fibrillation: A Report of the AF-SCREEN International Collaboration. Circulation. 2017

Should we screen? Update 2020

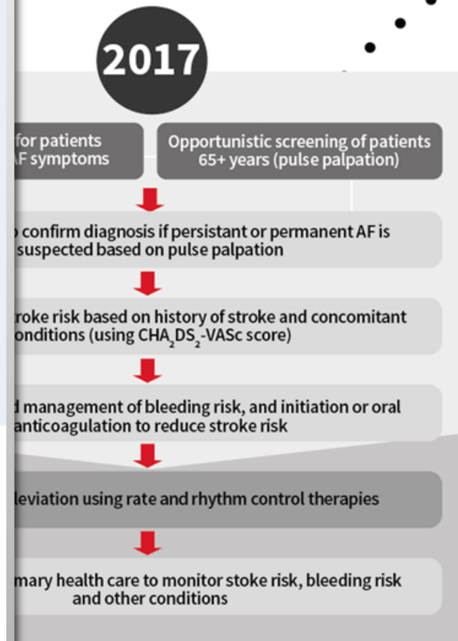
Prevention and Screening: Much more attention should be paid to AF preventive strategies including development of new strategies. Both physicians and patients need to be better informed about the important role of risk factors and lifestyle in AF development and recurrence after a successful ablation or other rhythm control strategy. Identification of unrecognized AF using technological advances is another important priority for prevention of complications, especially stroke.

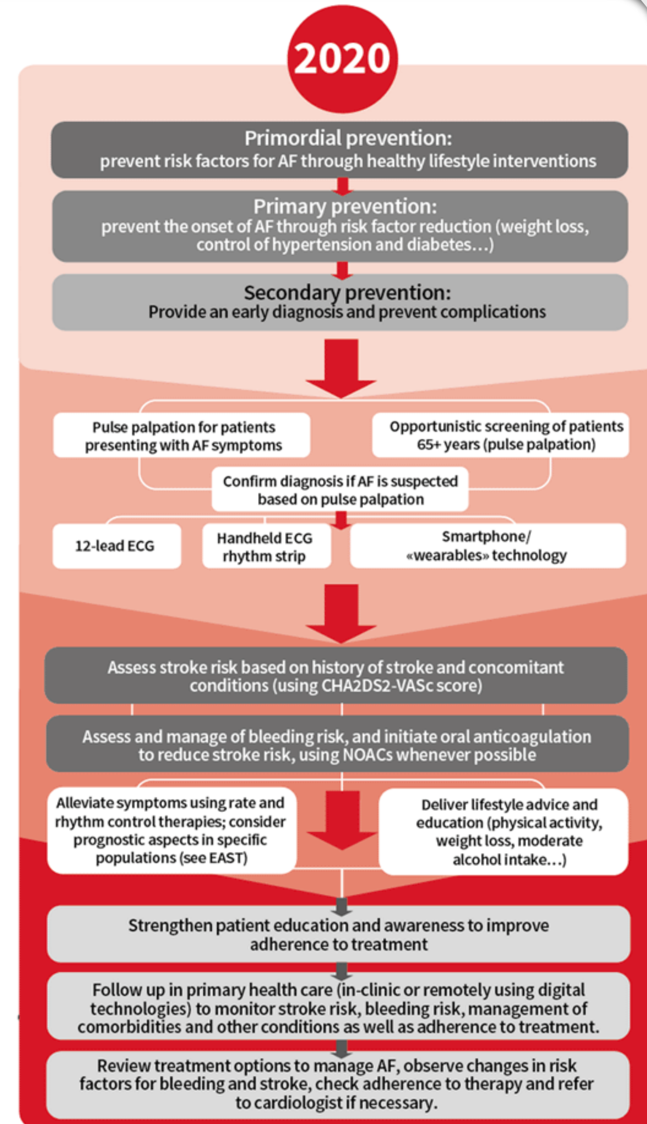
Overcoming Barriers: Local stakeholders at the national level should hold roundtables to improve understanding of local barriers and develop practical solutions to identified local barriers, thus contextualizing and adapting the AF roadmaps.

Freedman B, et al World Heart Federation Roadmap on Atrial Fibrillation - A 2020 Update. Glob Heart. 2021 May 27;16(1):41. doi: 10.5334/gh.1023.

Advice has changed

- gh-16-1-1023-g1.png (1200×974) (globalheartjournal.com)





Importance of healthy lifestyle to manage risk factors (physical activity, weight loss, moderate alcohol intake)

Importance of strict adherence to the prescribed dosing regimen

How to deal with any lapse in dosing

Correct intake modalities (intake with food in case of rivaroxaban)

Correct intake modalities (once or twice a day)

Signs to be noticed and reported (unusual bruising, nosebleeds, bleeding of gums, blood in urine, dizziness, black stool etc.

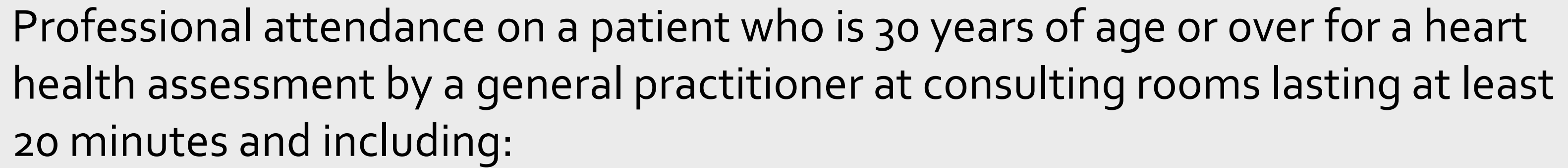
Not to leave their medication behind when traveling

Key educational points to convey to the patients with atrial fibrillation at each visit by physicians (World Heart Federation 2020)

https://globalheartjournal.com/articles/10.5334/gh.1023/

Atrial Fibrillation info (public)

- Heart Foundation
- Atrial Fibrillation | Heart Foundation
- What is atrial fibrillation? – YouTube
- Better Health Channel Heart conditions - atrial fibrillation - Better Health Channel
- Referral to the public hospital Atrial Fibrillation/Flutter - Outpatient Clinics, Tasmanian Health Organisation - South (outpatients.tas.gov.au)



- collection of relevant information, including taking a patient history; and
- a basic physical examination, which must include recording blood pressure and cholesterol; and
- initiating interventions and referrals as indicated; and
- implementing a management plan; and
- providing the patient with preventative health care advice and information.

ECGs MBS

DR.1.4 12-lead electrocardiography requirements for claiming

There are four 12-lead electrocardiography items:

- Item 11704 for a trace and formal report service performed by a specialist or consultant physician.
- Item 11705 for a formal report service performed by a specialist or consultant physician, where the specialist reports on a trace.
- Item 11707 for a trace service performed by a medical practitioner.
- Item 11714 for trace and clinical note service performed by a specialist or consultant physician.

- Item 11707 | Medicare Benefits Schedule (health.gov.au)

- Roadmap for AF : Freedman B, et al World Heart Federation Roadmap on Atrial Fibrillation - A 2020 Update. Glob Heart. 2021 May 27;16(1):41. doi: 10.5334/gh.1023.
- RACGP Red Book: Guidelines for preventive activities in general practice, 9th https://www.racgp.org.au/download/Documents/Guidelines/Redbook9/17048-Red-Book-9th-Edition.pdf
- Tasmanian Health Pathways Atrial Fibrillation Home - Community HealthPathways Tasmania
- MBS on line MBS online - MBS Online

GP Liaison

Helping to bring together the strands of communication