

Simple awareness campaign in general practice identifies new cases of AF

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A simple awareness campaign in general practice identifies new cases of atrial fibrillation (AF), according to research presented at ESC Congress today by Professor Jean-Marc Davy from France.

Professor Davy said: "Atrial fibrillation (AF) is the most common cardiac arrhythmia. It multiplies the risk of heart failure risk by three-fold and the risk of stroke risk by five-fold. Similarly, AF is responsible for ischaemic stroke in 1 of 4 cases. However, AF is often overlooked and diagnosed too late. In 20% of cases, AF is diagnosed when a stroke occurs. We therefore designed a campaign to improve early diagnosis of AF."

PROFIL FA is an AF awareness campaign in general practice. Participating general practitioners (GPs) were asked, on a given day, to look for several clinical items in all their consecutive <u>patients</u> over 65 years, according to a dedicated and very simple questionnaire:

- The 7 criteria of the thromboembolic risk score CHA2DS2-VASc
- The existence of 4 symptoms, transient and suggestive of AF episodes: palpitations, chest pain, dyspnoea (shortness of breath) and asthenia (weakness)
- Palpation of an irregular radial pulse.

When AF was suspected, GPs referred patients to a cardiologist for diagnostic confirmation.



The study included 603 physicians and 4 592 patients. AF had already been diagnosed in 840 patients (18% of cases). The remaining 3 752 patients were evaluated on a single day using the questionnaire. Of these, AF was clinically suspected in 585 patients (1 in 6) and they were referred to a cardiologist.

Out of the 585 patients in whom AF was suspected by the GP, 129 patients (nearly 1 in 4) had the existence of AF confirmed by the specialist who then prescribed appropriate treatment. Professor Davy said: "Our simple and easy campaign held on just one day led to the diagnosis of 129 patients with AF who then received treatment to reduce their risk of stroke."

He added: "According to the ESC 2012 recommendations for AF,1 an irregular pulse should be systematically sought in all patients over 65 years to detect the presence of AF. But in PROFIL FA, an irregular pulse was linked to a diagnosis of AF in only 1 out of 2 cases. For patients without irregular heartbeat, the presence of two symptoms and/or a previous stroke history were also predictors of AF."

Professor Davy concluded: "The detection of silent AF to prevent ischaemic stroke is by nature a technological challenge which requires the use of long term external or internal electrocardiogram (ECG) monitors. However, we have shown that unknown AF can be identified in the population over 65 years using a simple, precise pathway and a multidisciplinary approach."

More information: (1) 2012 focused update of the ESC Guidelines for the management of atrial fibrillation. *European Heart Journal*. 2012;33:2719-2747. DOI: 10.1093/eurheartj/ehs253



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